



Honoraria Request Form

SIN number, Dates Worked and Amount are essential to payment.

1. **PAID FROM**
Program Funds Research (Speed Chart | ____ | ____ | ____ | ____)

2. **PAID FOR**
Student Service Staff Service Guest Lecture
OTHER: (Please specify)

3. Date of Request: Requested by:
Signature: _____

4. Course: Section: Academic Year

5. **Details of Pay**

Name:		
Address:		
City:		
Province:		
Country:		
Postal:	Email:	Phone:
SIN Number*:		
Amount To Paid*:		
Dates Worked*:		

Please send this to CAROL LAI for payment.

Internal Use Only:				
Lecture Fund	FSLOT	Rental	FOH	TECH