



**Payment of Honoraria Request Form**

This form is to be used by budget managers requesting Administrative Services to issue a cheque to an individual (non-employee) who has provided a service for a school division institute, seminar or workshop and for which there is **no employer-employee relationship**.

**PLEASE PRINT**

**Payment to be made to:**

Surname	Given Name	Initial	Social Insurance Number
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**Mailing Address:**

Street No.	City	Province	Postal Code
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**If Payment is to be made to a Non-Resident of Canada, also provide:**

Professional name (if applicable)	Foreign Social Security No.
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**Description of Services Covered in Payment:**


Amount of Honoraria	(Can. \$) _____
Reimbursement of expenses	
- Accomodation (attach receipts)	(Can. \$) _____
- Air Fare - Transportation (attach receipts)	(Can. \$) _____
- Other Expenses - (Explain & attach receipts)	(Can. \$) _____
	Total _____

To be charged to:	Date Completed:	Authorizing Signature:
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<b>Mail Cheque to:</b> <input type="checkbox"/> Above Address <input type="checkbox"/> School <input type="checkbox"/> Return to Budget Manager
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