



Douglas College

REQUEST FOR HONORARIUM

Supplier Number			
Index	Account	Invoice #	Document #

A.

1. First Name: Last Name:

2. Employee Number: Social Insurance Number:

3. Address to mail the cheque:

City Prov. PC

B AMOUNT:

- 1. \$ 35.00 Half-day
- 2. \$ 50.00 Half-day with preparation of Full day
- 3. \$ 100.00 Full day with preparation and responsibility

4. \$ Justify:

(maximum four lines)

C. Date(s) of services rendered:

(maximum two lines)

D State why this person has been invited and precisely what he or she will do:

(maximum four lines)

I certify that the services were actually performed or, if this honorarium is being requested in advance, that it will only be presented when the services have been performed.

Date: _____ Originator: _____

Please Print Name: _____

Dept./Discipline budget to be charged: _____

Date: _____ Approved: _____

Please Print Name: _____