



# HONORARIUM

Date Created		Dept./Service	
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## RECIPIENT PERSONAL INFORMATION

First Name			
Last Name			
SIN		If foreign,	Social Security Number
Date of birth			

## MAILING ADDRESS (purpose of mailing T4A)

Address		Apt.	
City		Prov./State	
		Post/Zip code	
Country			

## REQUEST DETAILS

Requested Amount	
Date(s) work perform(ed)	
Reason for Request (Please attached supporting documentation)	

This expenditure was made by a group representing marginalized, oppressed, or sidelined peoples.

This expenditure was devoted to an event promoting equity, diversity, and inclusion.

## PERSON SUBMITTING THE REQUEST

First Name	
Last Name	

Approving Officer	Name	Signature
1. Dept/Service Officer		
2. Executive		
3. SSMU VP Finance		
4. Administrative Officer		

## INTERNAL USE ONLY

Unique Identifier	
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