



HONORARIUM

Date Created

Dept./Service

RECIPIENT PERSONAL INFORMATION

First Name

Last Name

SIN

If foreign

Date of birth

MAILING ADDRESS (purpose of mailing T4A)

Address

Apt.

City

Prov./State

Post/Zip code

Country

Phone number

Email address

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