THOMPSON RIVERS UNIVERSITY
Finance Division
PO Box 3010, Kamloops, BC V2C 5N3
Tel (250) 828-5000 · Fax (250) 371-5601
www.tru.ca/finance

Vendor # _____

Invoice # _____

Honoraria Requisition

Date _____

Name _____

Home Address _____

_____

_____

Social Insurance Number _____

Present Position _____

Dates of Proposed Visit to TRU _____

Proposed Contribution to TRU _____

Special Instructions (cheque distribution, required by date) _____

Expenses (Please provide original receipts and/or per diem information if applicable)

Account to be Charged:

Fund		Org		Account		Program		Activity		Location
	-		-		-		-		-	

Amount	Finance Use Only	Tax Status
	GST	
Total		

Requisitioned by: _____

Recommended by: _____
(Chairperson/Administrator)

Approved by: _____
(Dean/Director)

Finance Department Approved by:

_____

Cheque No. _____

Document No. I_____