



**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
	HST	

**Total**

Requisitioned by: \_\_\_\_\_  
Print Name

Finance Department Approved by:

Recommended by: \_\_\_\_\_  
Print Name (Chairperson/Administrator)

Cheque No. \_\_\_\_\_

Approved by: \_\_\_\_\_  
(Dean/Director)

Document No. | \_\_\_\_\_

Print Name of Dean/Director: \_\_\_\_\_