



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

Common Account Codes:

Faculty Honoraria 612450
 Other Honoraria 614050
 Non-employee Honoraria 710019

Amount	Finance Use Only	Tax Status
	GST	
Total		

Requisitioned by: _____
Print Name

Finance Department Approved by: _____

Recommended by: _____
Print Name (Chairperson/Administrator)

Approved by: _____
(Dean/Director)

Cheque No. _____

Print Name of Dean/Director: _____

Document No. | _____