

FACULTY OF EDUCATION REQUEST FOR HONORARIUM

(Please print or type)

Requester: _____ Phone: _____

FOAPAL:

Individual's Name: _____ MUN # _____

Mailing Address: _____

Social Insurance Number: _____ (Note that a T4 slip is issued for honoraria)

Amount of Payment: \$ _____

Title of Session: _____

Location of Session: _____

Time and Date of Session: _____

(NOTE: If an agenda is available indicating the session, please attach as backup)

Reason for Session:

Requester Signature: _____ Date: _____

Admin Signature: _____ Date: _____