



<b>SUBJECT:</b>  Student Honoraria	<b>CATEGORY:</b>  Student Services	<b>NO.</b>  1212
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**PREAMBLE**

SIAST recognizes when students agree to serve on SIAST-wide committees that some compensation should be given to recognize the time away from studies and other commitments. Honoraria are not intended as salaries or as full compensation of lost income. They are meant as token payments to indicate appreciation of public service, but are considered taxable income.

**POLICY**

SIAST will pay honoraria to students serving on SIAST-wide committees and to students authorized to represent SIAST at select key events who are not receiving remuneration or a stipend from another SIAST source for the service.

**PROCEDURES**

1. Students will be paid an honorarium of up to \$100.00 for a full day. One-half the honorarium will apply for half days. If the total honoraria paid to a student in a calendar year exceeds \$500.00, the amount will be reported on a T4A. It is the student's responsibility to report this income on their tax return.
2. Travel reimbursements to students will follow the SIAST Travel Allowances: Vehicle, Lodging, Meals and General Expenses Policy (411).
3. Expenses claimed under this policy must be submitted to the budget unit manager on a Student Honorarium Expense Claim Form (Appendix A).
4. Student representation at select key events must be pre-authorized by the appropriate out-of-scope manager.

Approved by:  President & CEO	Prepared by:  Associate Vice-President, Student Affairs	Date Issued:  December 14, 2011	Supersedes/New  Supersedes	Page  1 of 2 #1212
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Honorarium payable to: \_\_\_\_\_

Social Insurance Number: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Province: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Services Rendered: \_\_\_\_\_

Location of Services Rendered: \_\_\_\_\_ Date(s) of Services: \_\_\_\_\_

Times of Service: \_\_\_\_\_

A. HONORARIUM	FOR OFFICE USE ONLY
<b>Honorarium (please check one)</b> 1. Amount: <input type="checkbox"/> \$100.00 (full day) <input type="checkbox"/> \$50.00 (half day)	\$ _____
<b>B. EXPENSES</b>	
<b>Travel</b>	
1. Public Transportation: \$ _____ (attach receipts)	
2. Private Vehicle: _____ km (rate used: _____)	\$ _____
<b>Accommodation</b>	
1. Number of nights in hotel: _____ (attach receipts)	
2. Number of nights private accommodation: _____ at (\$ _____ rate)	\$ _____
<b>Meals</b> (claim only those meals not provided)	
1. _____ Number of breakfasts at _____ (rate)	
2. _____ Number of lunches at _____ (rate)	
3. _____ Number of suppers at _____ (rate)	\$ _____
<b>Childcare</b>	
1. \$ _____ (attach receipts)	\$ _____
<b>Miscellaneous</b>	
1. \$ _____ (attach receipts)	
2. \$ _____ (attach receipts)	\$ _____
<b>TOTAL EXPENSES</b>	\$ _____

Student ID #: \_\_\_\_\_

Payment from Org Code: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Budget Unit Manager Signature