## Definitions

**Honoraria** are thank you payments of nominal value made to an individual for voluntary services for which fees are not legally or traditionally required.

### 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.

2. 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.

3. Students requesting expenses under this policy are required to complete and sign the Student Honorarium Expense Claim Form (Appendix A) and submit it to the Budget Unit Manager who in turn signs and submits it to Accounts Payable.

4. Student representation at events must be pre-authorized by the appropriate out-of-scope manager.
STUDENT HONORARIUM AND EXPENSE CLAIM FORM

Name: 
Social Insurance Number: ___________________________ Student ID #: ___________________________
Address: 
City: ____________________ Province: ____________________ Postal Code: ________________
Services Rendered: 
Location of Services Rendered: ____________________________ Date(s) of Services: ____________________________

HONORARIUM
Honorarium (please check one)
1. Amount:  $100.00 (full day)  $50.00 (half day) $______________

EXPENSES
Travel
1. Public Transportation: $ ___________ (attach receipts)
2. Private Vehicle: ___________ km at $ ___________ rate $___________

Accommodation
1. Number of nights in hotel: ________ (attach receipts)
2. Number of nights private accommodation: ________ at $ ___________ rate $___________

Meals (claim only those meals not provided)
1. Number of breakfasts: ________ at $ ___________ rate
2. Number of lunches: ________ at $ ___________ rate
3. Number of suppers: ________ at $ ___________ rate $___________

Childcare
1. $ ___________ (attach receipts) $___________

Miscellaneous
1. $ ___________ (attach receipts) $___________
2. $ ___________ (attach receipts) $___________

TOTAL EXPENSES: $___________

Payment from Org: ____________________________

AUTHORIZATION:
Student __________________ Budget Unit Manager __________________
Signature: __________________ Signature: __________________