



# 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	FOR OFFICE USE ONLY
<b>Honorarium</b> (please check one)	
1. Amount: <input type="checkbox"/> \$100.00 (full day) <input type="checkbox"/> \$50.00 (half day)	\$ _____
<b>EXPENSES</b>	
<b>Travel</b>	
1. Public Transportation: \$ _____ (attach receipts)	
2. Private Vehicle: _____ km at \$ _____ rate	\$ _____
<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> \$ _____	

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

**AUTHORIZATION:**

**Student**

**Budget Unit Manager**

Signature: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Date: \_\_\_\_\_