	Vendor #		
Honoraria Requisition	Invoice #		
Honorana Requisition	Date		
Nome			
Name		_	
Home Address		_	
		_	
Social Insurance Number		-	
		-	
		_	
Dates of Proposed Visit to TRU		-	
Proposed Contribution to TRU			
Special Instructions (cheque distribution, required by c	date)		
Expenses (Please provide original receipts and/or	ner diem informa	tion if annlicable)	
Account to be Charged:	por arom imorma	den ii appiioabio,	
Fund Org Account	Program	Activity	Location
	-	-	-
	Amount	Finance Use Only	Tax Status
Common Account Codes: Faculty Honoraria 612450			
Other Honoraria 614050			
Non-employee Honoraria 710019		GST	
То	otal	]	
Requisitioned by:Print Name	<u> </u>	Finance Departmen	nt Approved by:
Recommended by:			
Recommended by:	trator)	Cheque No.	
Approved by:(Dean/Director)		•	
(Dean/Director)		Document No. I	

Print Name of Dean/Director: