

Schedule 534A: Honorarium Request

Note: to be completed by the Parkland School Division No. 70 sponsoring staff member who is requesting/issuing an Honorarium.

Recipient's Name: _____

Recipient's Mailing Address: _____

Recipient's Social Insurance Number (SIN): _____

Brief Description of Honorarium Event or Purpose:

Community Served and/or Location:

Date(s) of Honorarium Event:

Total Payment: \$_____

Processing:

For Approval \$251 or over: once the form is completed and signed, forward to the Finance Department for processing:

Sponsoring Staff Member Signature:

Witness Staff Member Signature:

For approval \$250 or under: reimbursement issued through staff expense claim

Principal/Director/Supervisor name: _____

Signature: _____

Cost Centre/GL to be Charged: _____

Date Sent for Payment: _____