



HONORARIUM PAYMENT FORM

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Social Insurance Number: _____

Name: _____

Address: _____

Amount: _____

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Social Insurance Number: _____

Name: _____

Address: _____

Amount: _____

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Social Insurance Number: _____

Name: _____

Address: _____

Amount: _____

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Social Insurance Number: _____

Name: _____

Address: _____

Amount: _____

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Social Insurance Number: _____

Name: _____

Address: _____

Amount: _____

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Social Insurance Number: _____

Name: _____

Address: _____

Amount: _____

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Social Insurance Number: _____

Name: _____

Address: _____

Amount: _____

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This section to be completed by Treasurer

Local/RRC/Professional Association: _____

Total Amount: _____

Date to be paid: _____ Mail to Treasurer or individuals? _____

Signature of Treasurer: _____ Date: _____

Signature of President: _____ Date: _____

**As per CRA Regulations
Social Insurance Numbers must be provided before payment can be issued.**