HONORARIUM REQUEST FORM

IMPORTANT: Incomplete forms will <u>not</u> be processed. Missing address, SIN, Org Code, Signature, etc. or writing down "On File or In System" will render the form incomplete and therefore will be returned to the requestor.

Doguested by	Data	
Requested by:	Date	:
ABOUT THE EVENT		
Name of Event		
Venue of Event	Date	of Event
Purpose (include breakdown of time and effort being	g recognized to justify	v amount)
ABOUT THE HONOREE		
Is the Honoree a VCC Employee? Yes No	\circ	
Name of Honoree		Banner ID
Mailing Address		Telephone
Social Insurance Number	BN/GST # (if applicable)	
Honoree's Institution/Organization		
Business Address		Telephone
Note: Non-Canadian residents will be subject to 15% fe	ederal tax unless Hon	oree has applied for a waiver using the R-
105 form.		
PAYMENT		
Honorarium payment (payable by the College	to the Honorariu	ım recipient)
Amount (\$20, \$40, \$60, \$80, \$100, \$200, \$5	00)	\$
Org Code to charge this Honorarium to		
Note: By default, VCC pays through Direct D	Deposit (for <u>Canad</u>	lian bank account holders only). If
the Honoree is not a current VCC employee,	please fill out the	Direct Deposit Form and attach it
to this request.		
APPROVALS		
Approver's Name		
Approver's Signature		Date
		2000

<u>Instructions:</u> If Honoree is currently employed with VCC, please forward form to Payroll at **payroll@vcc.ca**; otherwise, please forward to Accounts Payable at **accountspayable@vcc.ca**



Direct Deposit Setup

Electronic Fund Transfer (EFT) – Payment information	
Company Name:	
S.I.N. (for Honorariums ONLY):	
Banking Information:	
Please include a void cheque along with this document	t to ensure accuracy.
Name of Financial Institution:	
Address of Financial Institution:	
Account Information: (CAD accounts only)	
Bank code Transit Number Account Num	ber
Downithon on Information.	
Remittance Information:	
Contact Name:	
Contact Phone number:	Email Address:
Authorized By:	
Contact Name:	Title/Position:
Phone Number:	
Signature:	Date:

Please email completed form and void cheque sample to: accountspayable@vcc.ca