

HONOURARIUM CHEQUE REQUISITION

Employee Honorariums to be forwarded
to Payroll.administration@selkirk.ca

Cumulative payments exceeding \$500 in one calendar year
require a SIN number on file as a tax form will be produced. To
provide yours, please contact eepayables at: 250-365-1401

SUBMIT TO EEPAYABLES@SELKIRK.CA ONCE COMPLETE.

Payee: _____
Address: _____

Mandatory
phone number: _____

Date of event: _____

Description of contribution to Selkirk College:

EXPENSES	Total Payment Amount
Please choose an option	\$

Work Order:

		-				-			
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\$ - AMOUNT: _____

Work Order:

		-				-			
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\$ - AMOUNT: _____

PRINT NAME (REQUISITIONER)

YOUR SIGNATURE (REQUISITIONER)

DATE

PRINT NAME (APPROVING MANAGER)

APPROVING MANAGER SIGNATURE

DATE