CONCORDIA UNIVERSITY REQUEST FOR PAYMENT OF HONORARIUM - CONTRACTS

	(Please Print or Ty	pe)	
Name of Payee:			
•	_		
Department/Centre:			
Internal Address:	_		
<u>CONTRACT DATA</u>			
Position on Contract (check on		Co-Investigator:	
	(Account Code: 70200)	(Account Code: 70210)	
Sponsor's Name:			
	Company/A	Company/Agency	
Title of Project:			
Fund No.:			
	Fund Numb	er / Account #	
Payment for the Period of:	_		
	Start Date	- End Date	
Installment:	of		
GPPI FUND NO. If applicable	:		
Payment options (check one box only)			
OPTION 1: □ Payment of Honorarium Directly to Researcher OPTION 2: □ Credit of the Equivalent Sum to GPPI Account By selecting Option 2 and signing below, I hereby waive my right to receive these funds as personal revenue.			
No. of Hours/Days Worked	Hourly /Daily Rate	Honorarium to be Paid or Credited to GPPI fund	
WOIKEG	@ \$	\$	
SIGNATURES:			
Principal Investigator:			
G' ' A d '	(Print Name)	(Signature and date)	
Signing Authority Associate Vice-President			
Research			
Development and Outreach		(Signature and date)	
Verified by		,	
Restricted Funds, Financial Services			
_	Print Name)	(Signature and date)	

OOR Form 103 (June. 2012)