CONCORDIA UNIVERSITY
REQUEST FOR PAYMENT OF HONORARIUM - CONTRACTS

(Please Print or Type)

Name of Payee: _____

Department/Centre: _____

Internal Address: _____

CONTRACT DATA

Position on Contract (check one): Principal Investigator _____ *(Account Code: 70200)* Co-Investigator: _____ *(Account Code: 70210)*

Sponsor's Name: _____
Company/Agency

Title of Project: _____

Fund No.: _____
Fund Number / 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

No. of Hours/Days Worked	Hourly /Daily Rate	Honorarium to be Paid or Credited to GPPI fund
	@ $	$

SIGNATURES:
Principal Investigator: _____ _____
(Print Name) (Signature and date)

Signing Authority
Associate Vice-President
Research
Strategic Initiatives &Partnerships _____ _____

(Signature and date)

Verified by
Restricted Funds,
Financial Services _____ _____
(Print Name) (Signature and date)

OOR Form 103 (June. 2012)