CONCORDIA UNIVERSITY
REQUEST FOR PAYMENT OF HONORARIUM - CONTRACTS

(Please Print or Type)

Name of Payee: ____________________________________________
Social Insurance Number: _______ - _______ - _______ ___
Department/Centre: ____________________________________________
Internal Address: ____________________________________________

CONTRACT DATA

Position on Contract (check one): Principal Investigator ______ Co-Investigator: ______
(Account Code: 70200)   (Account Code: 70210)
Sponsor's Name: ____________________________________________
Company/Agency
Title of Project: ____________________________________________
Banner Fund No.: ____________________________________________
Banner Fund Number / Account Code
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

<table>
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<tr>
<th>No. of Hours/Days Worked</th>
<th>Hourly/Daily Rate</th>
<th>Honorarium to be Paid or Credited to GPPI fund</th>
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SIGNATURES:

Principal Investigator: ___________________________ ___________________________ (Signature and date)
(Print Name)

Signing Authority
Interim Vice-President
Research & Graduate Studies ___________________________ ___________________________ (Signature and date)

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