Indigenous Elders, Knowledge Keepers and Community Members Cheque or Direct Deposit Honorarium

(on-reserve)



Finance Department

3333 University Way, Prince George, BC V2N 4Z9 Phone: 250-960-5625 Fax: 250-960-5794

Email: accountspayable@unbc.ca Web: unbc.ca/finance

| 1. Honoraria Event Information | | | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|-------|------------------------------------|------------------------|-------|---------------------------------------|---------------------------------|-----------------------------------|------------------------------------------------|----------------------------------------------------------------------|
| Event / Class I | Name | : | | | | | | | | |
| Date of Event: | | | | | | Honorarium Amount: | | | | |
| Purpose: | Traditional Welcome or Blessing | | Classroom Visit | | | Committee | | Other (specify): | | |
| Location of Event: Off Reserve | | | On Reserve (Indicate reserve name) | | | | | | | |
| 2. Indigenous Elder/Knowledge Holder Information | | | | | | | | | | |
| Last Name: | | | | First Name: | | | | | | Vendor # or Date of Birth Vendor # or DoB: dd/mm/yy in the text box) |
| | | | | Thousand. | | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| Mailing Address: | | | City: | | | I I I I I I I I I I I I I I I I I I I | | Postal Code: (Format: A9A 9A9) | | |
| Select participation method: | | | | Virtual On R person | | | Reserve (Indicate reserve name) | | Virtual Other (Specify other virtual location) | |
| | | | | | | | | | | |
| 3. Requestor's Information | | | | | | | | | | |
| Name: | | | | | | | Department/Unit: | | | |
| Signature: | | | | Email: | | | | | | Date: |
| 4. UNBC Authorization | | | | | | | | | | |
| Fund: | | Orgn: | | | Acct: | | | | Prog: | |
| Budget Holder Signature: | | | | | | | | | | |
| Budget Holder Name: | | | | | | | | | | Date: |
| | | | | | | | | | | |
| 5. Cheque Disbursement | | | | | | | | | | |
| Mail Direct Deposi | | | t P | | | ckup | | Attachments included | | |
| Comments: | | | | | | | | | | |
| | | | | | | | | | | |
| Notes: | | | | | | | | | | |
| Minimum Honorarium for Indigenous Elders, Knowledge Keepers and Community Members is \$150. | | | | | | | | | | |
| Complete all sections and submit to Accounts Payable. Please allow 3 weeks for processing. If a rush payment is required, please see the Manager, Financial Services and Systems for approval. | | | | | | | | | | |
| For account coding use account code 7211 (off-reserve) for all cases except when the Event occurs on a First Nation Reserve, or the Elder is delivering the event virtually from a First Nation Reserve. Use acct 7207 | | | | | | | | | | |

Any documentation that should accompany the cheque should be clearly identified and attached to this form.

Incomplete forms may result in processing delays; any questions please contact accounts payable staff.