

CONFIRMATION OF RECEIPT - Honorarium

Date: _____

PROVIDED BY:

Organization	
First Name	Last Name
Position	

RECEIVED BY (RECIPIENT):

Organization (if applicable)	
First Name	Last Name
Position	

Purpose: Honorarium for expertise at Watch Party event

Description of Work Performed:

Expertise related to: (please select all that apply)

<input type="checkbox"/> Culture/Language	<input type="checkbox"/> Indigenous health
<input type="checkbox"/> Pregnancy, birth or parenting	<input type="checkbox"/> Health policy
<input type="checkbox"/> Other: please write below	

Amount: (CAD) _____

Payment Method: (ex. Cash, E-transfer) _____

	Signature	Date
Provided by:		
I acknowledge I have received this honorarium.		

Notes: