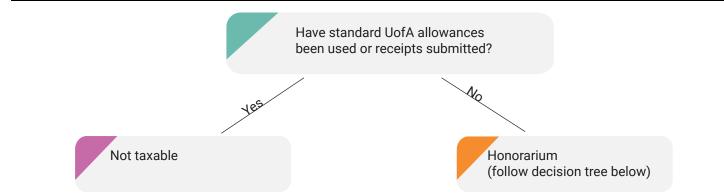


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Indigenous Honorarium

| Attention: | Form Date |
|-----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|
| 116 Street & 85 Avenue NW Edmonton Alberta T6G 2R3 Email: | |
| accept the University of Alberta's honorariu | ım below for sharing my |
| Knowledge Stories Teachings Cere | remony Dance Art Drumming Singing |
| t | Other |
| Name | ne of Event Amount |
| | |
| | km_\$ |
| | \$ |
| | TOTAL \$ |
| l, Print name | , have received this offering. Could not obtain signature |
| Signature | Witness Signature |
| Date ovide 1 copy to the recipient and 1 copy to your dept/faculty petty | Witness Name ty cash admin or (if applicable) attach to your expense report. Do not send to the Staff Service Centre |
| Payment Option 2: Cheque | |
| | Name |
| Please mail a cheque and a copy | |
| Please mail a cheque and a copy of this form to me at: | Address |
| | Address |
| | Address |
| | Address |
| | Address City/Town |
| of this form to me at: | Address City/Town Province Postal Code |
| of this form to me at: Internal University Payment Processing | Address City/Town Province Province Print Budget Owner Name |

Step 1: Reimbursement of Expenses



Step 2: Indigenous Honorarium Form Decision Tree

