

Keewatin-Patricia District School Board

FNMI Honoraria Claim Form (Policy 617)

Name/Title of Claimant _____

S.I.N.# _____

Mailing Address _____

POSTAL CODE _____

Daily Rate Maximum \$400
Half-Day Maximum (150 minutes or less) \$200

EFFECTIVE DATE: DECEMBER 13

Date m/d/y	Location & Event Description	Full Day Rate enter amount	Half Day Rate enter amount	Total
Total Honorarium Claim				

This is to certify that the expenses reported herein were incurred on KPDSB business.

Date _____

X

Signature of Claimant

APPROVAL FOR PAYMENT

Signature of Budget Holder

Account Code	Amount

*After obtaining approval, forward via email to Finance (Kenora) for reimbursement
 Finance email: finance@kpdsb.ca*