

First Nation of Na-Cho Nyak Dun

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HONOURARIUM PAYMENT FORM

Name: _____ Address: _____

Type of Meeting/Committee/Other: _____

- Full Day Rate \$150 (four (4) hours or more)
- Half Day Rate \$75 (less than four (4) hours)

Date of Services:	1 Day: \$150	1/2 Day: \$75	Rate Per Day: \$

Chairperson:

Total Amount of Rate: \$ _____

Signature of Payee:

Date:

Approved by:

Payable from: (Dept / Program)