



# REQUEST FOR PAYMENT

**Requested by Local:** \_\_\_\_\_  
Local Name and Number or SUN District Council Name

**Signatures of Local/SDC Signing Officers:**

_____	_____	_____
Name	Position	Signature

_____	_____	_____
Name	Position	Signature

**Date:** \_\_\_\_\_

**Make Payment To:**

Name of Recipient: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment Information:**

Honorarium Amount: \$ \_\_\_\_\_

OR

Hourly Rate of: \$ \_\_\_\_\_ for \_\_\_\_\_ hours

**Requests must be submitted to Regina SUN office prior to the 15<sup>th</sup> of November each year.**  
Mailed completed request form to: 2330 2<sup>nd</sup> Avenue, Regina, SK S4R 1A6  
or send via fax to 1-306-522-4612