



REQUEST FOR PAYMENT

**SASKATCHEWAN
UNION OF NURSES**

**Requests must be submitted to Regina SUN office
prior to the 15th of November each year.**
Send form to: 2330 2nd Avenue, Regina, SK S4R 1A6
email: accounts.payable@sun-nurses.sk.ca or fax: (306)522-4612

Requested by Local: _____
Local Name and Number or SUN Network Council Name

Signatures of Local/SNC Signing Officers:

Name Position Signature

Name Position Signature

Date Signed: _____

Make Payment To:

Name of Recipient: _____

Mailing Address: _____

Payment Information:

Honorarium Amount: \$ _____

OR

Hourly Rate of: \$ _____ for _____ hours

FOR OFFICE USE ONLY