



REQUEST FOR PAYMENT

SASKATCHEWAN UNION OF NURSES

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 Signed: _____

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 15th of November each year.
Mail completed request form to: 2330 2nd Avenue, Regina, SK S4R 1A6
email: accounts.payable@sun-nurses.sk.ca or fax: (306)522-4612