

Payment Receipt / Honorarium Form

Please review the instructions below carefully before completing this form.

This Payment Receipt / Honorarium Form is to be **completed in full** whenever you:

- pay someone (i.e. a payee) for a product or service for which a receipt is not provided; OR
- issue an honorarium payment to someone

All completed Payment Receipt / Honorarium Forms are to be submitted to pollinateTO@toronto.ca as part of your Expense Summary when your project is finished OR by the project deadline described in your funding agreement (whichever is earlier).

We accept electronic and handwritten signatures. To facilitate electronic signing, you may use the free [Adobe Acrobat Reader DC](#) or another digital document signing application / service. If the form is signed by hand, please scan it OR take a legible photograph of it for submission.

If you are working with a Community Partner / Trustee that has accepted the grant funds on your behalf, please also ensure that you are following their financial requirements.

Group Name:

| Qty. | Description of Product(s) / Service(s) Provided |
|------|---|
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| | |

| Payment Information | | Payee Information | |
|---|----|-----------------------|--|
| Date of Payment: <i>(yyyy-mm-dd)</i> | | Full Name: | |
| | | Tel. No.: | |
| Payment Amount: | \$ | Email Address: | |
| This payment was disbursed in cash to the Payee indicated above. By signing, the Payee acknowledges receipt of payment. | | Signature: | |

Payment Authorization

By completing this form and signing below, I, a Group Member with signing authority for my Group, acknowledge that this purchase complies with the conditions of the grant, the product(s)/service(s) was/were provided satisfactorily, and that there is no known conflict of interest between myself/my Group and the Payee.

| | |
|-----------------------------------|--|
| Full Name of Group Member: | |
| Group Member's Signature: | |
| Date: | |