



COLLEGE AND ASSOCIATION OF NURSES
of the Northwest Territories and Nunavut

Honorarium Claim Form

Name:

Mailing Address:

Social Insurance Number (SIN):

Board/Committee Name:

Meeting Date:

Hours Worked:

Claim Total:

Claimant Signature:

Executive Director Signature:

Policy B14 Public Members Honorarium

1. Complete the form
2. Email to execast@cannn.ca within 30 days
3. After 90 days, the College will not process payment
4. Cheques will be sent to the mailing address on the form