

SMH Research Finance – Honorarium Log for Participant/Patient

This letter confirms that participant/patient _____ has participated in the
participant/patient ID# or name
 research study: _____
study title

This participant is entitled to/has received one or more of the following (please fill in the boxes that apply):

Description	Amount
Interview Honorarium	
Tokens	
Meals	
Taxi Trip	

Please be advised that the finance department of St. Michael's Hospital will also receive a copy of the reimbursement form in order to process the cheque/reimbursement. They will retain the information as required by the department. However, your personal information will not be shared with anyone outside the finance department or the research team.

** If you participate in research studies at St. Michael's Hospital and receive reimbursements that add up to \$500 or more in the given calendar year, you will be required to provide your SIN so a T4A can be issued to you

PLEASE PROVIDE SIN NUMBER FOR PARTICIPANTS RECEIVING OVER \$500.00: _____
(SIN NUMBER)

X _____
Interviewee/Participant Signature

X _____
PI or Coordinator Signature

This form confirms that the patient is entitled to/has received the following above.