Petty Cash Account – Research Finance – Honorarium Log for Participants/Patients/Community Partners

UNITY HEALTH TORONTO

This letter confirms that this or these participant(s)/patient(s)/community partner(s) have participated in the

Research Study/Committee/Working Group: _____ **Activity Number:** __-__ __- _ _ _ _ _ - _ _ _ _ _

Participant/Patient/ Community Partner Name (optional)*	Date	Participant/Patient/ Community Partner ID #	Payment Type (cash, e-transfer, gift, cheque)	Honorarium ($)	SIN # (optional)**	Participant/Patient/ Community Partner Signature (optional)	Interviewer's/ Coordinator's Signature

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, personal information will not be shared with anyone outside the finance department or the research team.

*If no name is provided, the Study Team must include an ID # and maintain a document to reconcile the participant ID# and name.

** Providing a SIN is only optional when completing an honorarium log for petty cash accounts

Total honorarium submitted on this log: $0.