## SMH Research Finance – Honorarium Log for Multiple Participants/Patients

This letter confirms that this or these patient(s)/participant(s) have participated in the research study:								

Interview Name	Date	Participant ID #	Honorarium (\$)	SIN#	Tokens (#)	Monthly Check In (No.)	Meal Purchase (\$)	Participant Signature	Interviewer'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, 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.

Total honorarium submitted on this log: \$\_\_\_\_\_.