

## Traditional Knowledge Keeper/Elder/Elder Helper Honorarium Receipt Form

When engaging Traditional Knowledge Keepers, Elders and Elder Helpers, it is protocol, or the common and accepted practice, to provide honoraria for the knowledge, teachings, and time they give.

When Traditional Knowledge Keepers, Elders and Elder Helper honorariums are supported through your CIF grant, documentation confirming the amount provided is required. Attached is a receipt form that your organization may use for inclusion with your CIF final report. If using your own receipt form, be sure to include the name and address of the recipient, the date and description of engagement, the amount paid, and signatures from both the recipient and the grantee representative providing the honorarium.

As a general note, organizations providing payments to individuals in the form of honorariums should ensure they are familiar with Canada Revenue Agency (CRA) payroll and withholding requirements. According to the CRA, most amounts paid to an individual by an employer are referred to as remuneration. As an employer, you have to fill out T4 slips for all individuals who received remuneration from you during the year if the remuneration was more than \$500. Individuals receiving payments of over \$500 should also be reporting this as income.

Traditional Knowledge Keepers and Elders might choose to fill out a Canada Revenue Agency TD1 form (Personal Tax Credits Return) to have taxes taken off at the time of payment. The Canada Revenue Agency TD1 form can be found [here](#).

**Organizations are encouraged to visit [www.cra.gc.ca/payroll](http://www.cra.gc.ca/payroll) to review CRA definitions and requirements. Organizations operating in contravention to these requirements may be subject to penalties.**

## Honorarium Receipt

Recipient Name \_\_\_\_\_  
Address \_\_\_\_\_  
Community \_\_\_\_\_ Prov. SK Postal Code \_\_\_\_\_

Date(s)	Description of Engagement	Amount
<b>Total Honorarium</b>		\$

Completed by recipient:

I have received honoraria for the above engagement.

Recipient Signature \_\_\_\_\_

Completed by organization:

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

Community \_\_\_\_\_

Phone Number \_\_\_\_\_

Prov. SK Postal Code \_\_\_\_\_

Signing Authority Name \_\_\_\_\_

Signature \_\_\_\_\_

Date of Payment \_\_\_\_\_