



Little Falls

Education Minnesota Little Falls

Request for Association Honorarium (Return this form to the Treasurer)

Name: _____

Office or Council: _____

Amount Requested: _____

Date Requested: _____

Summary (Describe what you did in your Office/Council):

Requested by: _____

signature

Treasurer use only

Paid with check number: _____

Date: _____

(Charge to Honorarium)

Approved by:

_____ **EMLF Treasurer**

_____ **EMLF President**