

2025 Alumni Community Engagement Fund

**Invoice for honorariums**

Please provide details of guest speaker(s), facilitator(s), and/or volunteer(s) receiving honorarium costs for the CSC Alumni Community Engagement Fund (ACEF) activity delivered.

**Organiser details**

|  |  |
| --- | --- |
| **Name:** |  |
| **Country:** |  |
| **ACEF activity title:** |  |
| **Activity delivery date:** |  |

**Speaker(s) or facilitator(s) details** (add more lines as required)

|  |  |  |  |
| --- | --- | --- | --- |
| **No.** | **Name of the person receiving the honorarium** | **Role and description of their contribution to the activity** | **Honorarium cost (in local currency)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
| **Total amount:** |  |

**Organiser’s signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_