



## ELDER FORM

**NOTE:** To be completed by Manitoba Research Alliance (MRA) researchers consulting Elders.

1. Elder Information:

First and last name: \_\_\_\_\_.

Community: \_\_\_\_\_.

2. CCPA/SSHRC job no: \_\_\_\_\_.

3. Name of interviewer: \_\_\_\_\_.

4. Amount for tobacco (please attach receipt). \$

5. Amount of financial gift for appreciation offered to elder: \$

6. Witness to gift (for accountability purposes, a secondary signature is required if gift was financial. Please note that a second signature cannot be the Elder).

First and last name of witness:

Phone no. \_\_\_\_\_ Signature of witness:

Total amount requested for reimbursements (5 + 6) \$

**SSHRC file no.: 833-2007-1001**

**Project No.:** \_\_\_\_\_.

**Project Name:** \_\_\_\_\_.

**Project Head:** \_\_\_\_\_.