

Appendix A-1: Services – Payment Instructions & Declaration

If you are eligible for payment, UBC requires documentation of your Social Insurance Number, Business Number or GST/HST number to process payments and comply with Canada Revenue Agency requirements.

Payee: Please complete **ONE** of the following three categories – A, B, or C.

A. Individual (all fields required)

Surname: _____ Given name(s): _____ WCB: _____

Email: _____ Home address: _____

Social Insurance Number: _____

I declare that this payment represents only incidental income for me, and is not my primary source of income. I am not employed by UBC for the scope of this work, and I am employed elsewhere or self-employed. I understand that payment for this service will be made as a one-time lump sum payment and that no deductions will be made for Employment Insurance, Canada Pension Plan or Income Tax.

B. UBC Faculty or Staff Member (all fields required)

Note: Only use this section if you are receiving regular bi-monthly salary deposits through UBC Payroll. Payment for your services will be processed through UBC Payroll and will appear on your pay stub as 'HON'.

Surname: _____ Given name(s): _____

Employee ID: _____ Social Insurance Number: _____

Faculty or Staff (Current): _____ Job Title: _____

How is the work different than your regular employee functions at UBC?

C. Corporation (all fields required)

Note: UBC requires that you attach your INVOICE if this section is completed. A **small supplier*** is currently defined by Canada Revenue Agency as a party whose total taxable revenues from all sources will not exceed \$30,000 in a single calendar quarter or in four consecutive calendar quarters. Taxable revenue do not include an individual's income from employment, or exempt services such as medical & dental. More information can be viewed on the CRA website. <http://www.cra-arc.gc.ca>

Company Name: _____

Payment Remittance Address: _____

This company: IS a *small supplier** and therefore has not registered for GST

IS NOT a *small supplier** with GST/HST # _____ (Business# is 9 digits+RT+4 digits)

D. Method of Payment

Note: UBC Business Terms are Net 45, or as agreed upon by Payment & Procurement Services

Direct Deposit: Choose one of: Direct Deposit Form Attached OR bank Details on File

Cheque

I declare that, to the best of my knowledge, all of the above information is true and complete.

Payee Print Name: _____

Payee Signature: _____ Date: _____

For Faculty Use Only:

Amount of Payment: \$ _____ Speedchart: _____

Scope of Work (Services Required): _____ Date(s) of Service: _____

Faculty/Department Name: _____ Email address: _____

Contact Person: _____ Address: _____ Signature: _____