



Payment for Service Form

Ensure all details are provided below and attach any invitations to guests as part of your submission

Event Name: _____
Date submitted for payment: _____
Submitted by: _____

Please indicate below which UBC employee affiliation the payee holds:

Faculty Staff Student

Name		
Department		
Position		
Employee/Student Number		
Amount		
Date(s) of Service	Start Date:	End Date:
Services Rendered		
Course Info (if applicable)		
Signature (required)		

Speedchart/Project Grant: _____

NON-UBC Affiliation Payments

Non-UBC Canadian faculty/staff/other must provide an Electronic Funds Transfer (EFT) Request form and attach it to the claim.
 Non-UBC U.S. faculty/staff/other must provide the US Electronic Funds Transfer (EFT) Request form and attach it to the claim.

Non-UBC faculty/staff/other		
Name:		
Date(s) of Service	Start Date:	End Date:
Services Rendered		
Amount		
Social Insurance Number		
Address		
City		
Postal/Zip Code		
Email address		
Phone Number		
Mail or to be picked up		
Comments:		

I, _____, confirm that I have provided the service within the time frame indicated above.

Signature _____

Date: _____