

# NON-RESIDENT PAYMENT FORM

Contact Name:	
Originator: Faculty & Department	
Contact Telephone:	
Contact Email:	

-- PLEASE PRINT --

PERSONAL DATA						
Surname:		Given Name:			Prefix:	
Permanent Address:		City:	State-Other:	Country:	Code:	
Mailing Address: (if different from above address)		City:	State-Other:	Country:	Code:	
POSITION CONTROL DATA						
Job Begin Date: (mm/dd/yy)			Job End Date: (mm/dd/yy)			
Amount Owed: (in CDN Dollars)	Account	Fund	Cost Centre	Activity	Time	Location

**SPECIFY TYPE OF CURRENCY FOR PAYMENT (ie. Euros, CDN, USD, etc):** \_\_\_\_\_

**Work Performed Outside of Canada:**

Yes:  No:

(If Yes, no tax waiver is required)

**Tax Waiver:**

Attached:  Previously Submitted:

*Note: Income tax will be deducted at a rate of 15% as per subsection 105(1) of Revenue Canada Taxation Act, if a tax waiver is not received at least 4 weeks prior to the engagement.*

**Cheque to be mailed to:**

Permanent Address:  Mailing Address:

**Department Comments:**

FOR OFFICE (PAYROLL PROCESSING) USE ONLY

**AUTHORIZATION (USE BLUE INK ONLY)**

Completed By:	Signature:	Date:
Approved By:	Signature:	Date:
Payroll:	Signature:	Date:

IF YOU REQUIRE ASSISTANCE COMPLETING THIS FORM, PLEASE CALL PAYROLL AT EXTENSION 77146