



NON-EMPLOYMENT PAYMENT TO NON-RESIDENT INDIVIDUAL UNDER \$5,000

If the total sum payable by the department during the fiscal year (April 1 - March 31) exceeds \$5,000 please contact Purchasing at (204) 474-8348 for assistance with the required documentation.

Provide a copy of this form to the individual (Service Provider). Submit a hard copy of this form to Supplier Payment Services at 414 Administration Building as a request for payment to a NON-RESIDENT individual that does not have a Business Number. An invoice must be submitted with this form unless the payment is for an honorarium. A T4ANR will be issued to the individual by the filing due date per Canada Revenue Agency regulations.

Questions? Contact Supplier Payment Services at (204) 474-6632

DOES THE INDIVIDUAL RESIDE OUTSIDE OF CANADA?

Yes No

(if you chose Yes, please proceed, if you chose NO this form is not required)

WAS A TAX WAIVER SUBMITTED AND APPROVED BY CRA?

Yes No

(if you chose Yes, ensure the waiver is attached)

PERSONAL INFORMATION OF INDIVIDUAL:

SALUTATION: Mr. Mrs. Ms. Miss Dr. Other _____

LEGAL SURNAME: _____ * LEGAL FIRST NAME: _____ *

SOCIAL SECURITY NUMBER or ITN:

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STREET ADDRESS*: _____ CITY*: _____

COUNTRY*: _____ STATE*: _____ ZIP CODE*: _____

* Required for CRA purposes for issuance of T4ANR. For more information please visit

<http://www.cra-arc.gc.ca/tx/bsnss/tpcs/pyrll/rtrns/t4a-nr/slps/>

SERVICE DETAILS:**

DEPARTMENT: _____ FACULTY OR UNIT: _____

START DATE: _____ DATE COMPLETED: _____

NUMBER OF DAYS IN CANADA FOR UNIVERSITY OF MANITOBA BUSINESS: _____

CITY WHERE SERVICES WERE RENDERED: _____

DESCRIPTION OF SERVICES BEING PROVIDED: _____

WERE EXPENSES PAID ON BEHALF OF THE INDIVIDUAL? Yes No

(if you chose Yes, please complete section D, if NO please proceed to the AUTHORIZATION and ACCOUNTING DETAILS section of this form)

A. OUT OF POCKET EXPENSES TO BE REIMBURSED TO INDIVIDUAL:

Expense Type	Vendor	Invoice #	Amount (in Canadian)	<i>For Internal Use Only</i> Travel Services Approval Date: _____ Initials: _____
		Total:	\$	

PLEASE ATTACH ALL RECEIPTS

B. HONORARIUM AMOUNT TO BE PAID TO INDIVIDUAL:

Effective Date _____ Purpose _____ Amount (in Canadian) \$ _____

C. AUTHORIZATION and ACCOUNTING DETAILS:

F	O	A	P	A	L	Amount (in Canadian)
		711117*				
					Total:	
A & B						\$

*Non Resident Honor.-Guest Speaker

D. EXPENSES PAID ON BEHALF OF INDIVIDUAL FROM UNIVERSITY OR OTHER:

Expense Type	Vendor	Invoice #	Amount (in Canadian)
			\$

PLEASE ATTACH ALL RECEIPTS INCLUDING AIR FARE

CURRENCY of REIMBURSEMENT: _____

All foreign claims requesting bank transfers must be accompanied by the [Bank Transfer Request Form](#) with full banking information.

REQUESTED BY: _____ (Please print name) _____ (Signature)

EMAIL: _____ CONTACT #: _____ DATE: _____

I certify that the information provided on this form is correct and the work described above has been completed satisfactorily. I certify that to the best of my knowledge total payment to this individual will not exceed \$5,000 for the current fiscal year for my department.

SIGNING AUTHORITY: _____ (Please print name) _____ (Signature) DATE: _____

Notice Regarding Collection, Use, and Disclosure of Personal Information by the University:

Your personal information is being collected under the authority of *The University of Manitoba Act*. The information you provide will be used by the University to maintain a record of payment, to make reimbursement, and to issue income tax information slips. Your personal information will not be used or disclosed for other purposes, unless permitted by *The Freedom of Information and Protection of Privacy Act* (FIPPA). If you have any questions about the collection of your personal information, contact the Access & Privacy Office (tel. 204-474-9462), 233 Elizabeth Dafoe Library, University of Manitoba, Winnipeg, MB, R3T 2N2.

****TERMS AND CONDITIONS:**

The services set out in this "Non-Employment Payment to a Non-Resident Individual" Form, together with the terms and conditions set forth at http://www.umanitoba.ca/admin/financial_services/purch/terms.htm form the entire agreement between the University and the Supplier, and shall be deemed to be accepted by the Individual upon commencement of performance hereunder. If the Individual does not have web access, please contact Purchasing Services at (204) 474-8348 for a printed copy.