



CONTRACTOR INFORMATION (**to be filled out by the Contractor**)	
Company Name or Individual Providing the Service (including DBA (“Doing Business As”) name) as will appear on invoice:	
Remittance Address:	
Courier/Delivery Address (if different from the Remittance Address):	
Payable to Name:	
Contact Name (if different from Payable to Name):	
Phone #:	
Fax #:	
Email Address:	
SIN # (only required if payment is to be made to an individual):	
WCB # (if none, please specify the reason):	
CRA-BN GST #:	
BC PST #:	
Business # (if different from GST #):	
If no GST #, is it because the Contractor qualifies as a Sec. 148 Small Supplier?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Is the Contractor a UVic employee? <i>*UVic policy prohibits employees from being contractors for the same work concurrently. For more information and help determining employment relationship click here</i>	YES <input type="checkbox"/> NO <input type="checkbox"/>
Does the Contractor have adequate Insurance coverage to perform the services and can provide COI (“Certificate of Insurance”) evidencing such coverage upon request?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Currency of funds to be paid for the Services	CAD <input type="checkbox"/> USD <input type="checkbox"/> OTHER (please specify)