## **CLINICAL FACULTY PAYMENT INSTRUCTIONS**

			DR	PhD
Surname	First Name	Middle Initial	MR MS	MRS Other
PAYEE MAILING ADDRESS				
Street Address/PO Box	City		Province	Postal Code
Email address:				
linical Faculty members may be eligible to ducation programs. Please refer to the <u>UI nd Postgraduate Programs</u> .				
AYMENT ARRANGEMENT				
n order to determine your eligibility for corpply to you as a clinician:  Fee for Service  Clinical Service Contract  Salaried by Hospital or Health Authorit  Sessional or other Alternative Paymen  Other Arrangement – Please specify	у			
PAYEE INFORMATION	ontions to soloct a navoo:			
Please complete <u>one</u> of the following four		made Devenue Arenov (CD		
1. Payment to a sole proprietor who is a			A)	
		_		
2. Payment to a sole proprietor who is re	_			
3. Payment to a professional firm or teac	hing group (corporation or partners	hip) that is a "small suppli	er(*)" as defin	ed by CRA
Corporation or Partnership:				
Business number (mandatory):_		( 9 numbers)		
4. Payment to a professional firm or tead	hing group (corporation or partners	ship) that is registered for	GST	
Corporation or Partnership:				
GST Number (**):		( 9 numbers + RT + 4 nt	umbers)	
agree to advise UBC of any changes, includ				
ignature:	D	ate://	VVVV	
Cignaturo			30,000 in a single	e calendar quarter or in four
Signature  "small supplier" is currently defined by CRA as a nescutive calendar quarters. Taxable revenues dibject to change. Current regulations governing quire any clarification.	lo not include an individual's income fron			
"small supplier" is currently defined by CRA as a nsecutive calendar quarters. Taxable revenues d bject to change. Current regulations governing	o not include an individual's income fron GST/HST can be found on the CRA websit			