



Evergreen Catholic Separate Regional Division No. 2

CONTRACTED SERVICES

Information Sheet

(to be completed by all "Contracted Service Providers" for Schools, Operations & Maintenance Services and the Division Office **PRIOR** to hiring)

All fields must be completed

SCHOOL/SITE OF CONTRACT: _____

PRIMARY CONTRACTOR'S NAME: _____
(Name of primary contact person)

Brief description of Service(s) to be provided: _____

BUSINESS OPERATING NAME: _____
(if applicable or different from Primary Contractor Name)

BUSINESS ADDRESS: _____

POSTAL CODE: _____ EMAIL CONTACT: _____

BUSINESS PHONE NUMBER: () _____ FAX: () _____

Are you operating as a Limited (Ltd) or Incorporated (Inc) Company? *(circle one)* YES NO

If Yes:

BUSINESS NUMBER: _____

GST REGISTRATION NUMBER: _____

If No:

If you do not have a Business/GST Registration Number you **MUST** provide the Social Insurance Number (SIN) of the Primary Contractor:

SIN: _____ - _____ - _____

Note: A T4A will be issued for all payment amounts paid under a personal SIN at the end of the calendar year if total payments exceed \$500 for that calendar year (Jan 1-Dec 31 of any year). T4A's will not be issued to Contractor's providing a Business/GST Registration Number.

Valid WCB Account Number: _____

Or check here _____ if you do not have a WCB Account

If you do have a WCB Account is it in good standing? *(circle one)* YES NO

Authorized Signature

Date

This information must be retained at the School/Site and an electronic copy is to be forwarded to A/P at Division Office. Information on this form should be checked and updated as necessary. A new form must be completed each time any information changes.

ACKNOWLEDGED:

SECRETARY-TREASURER

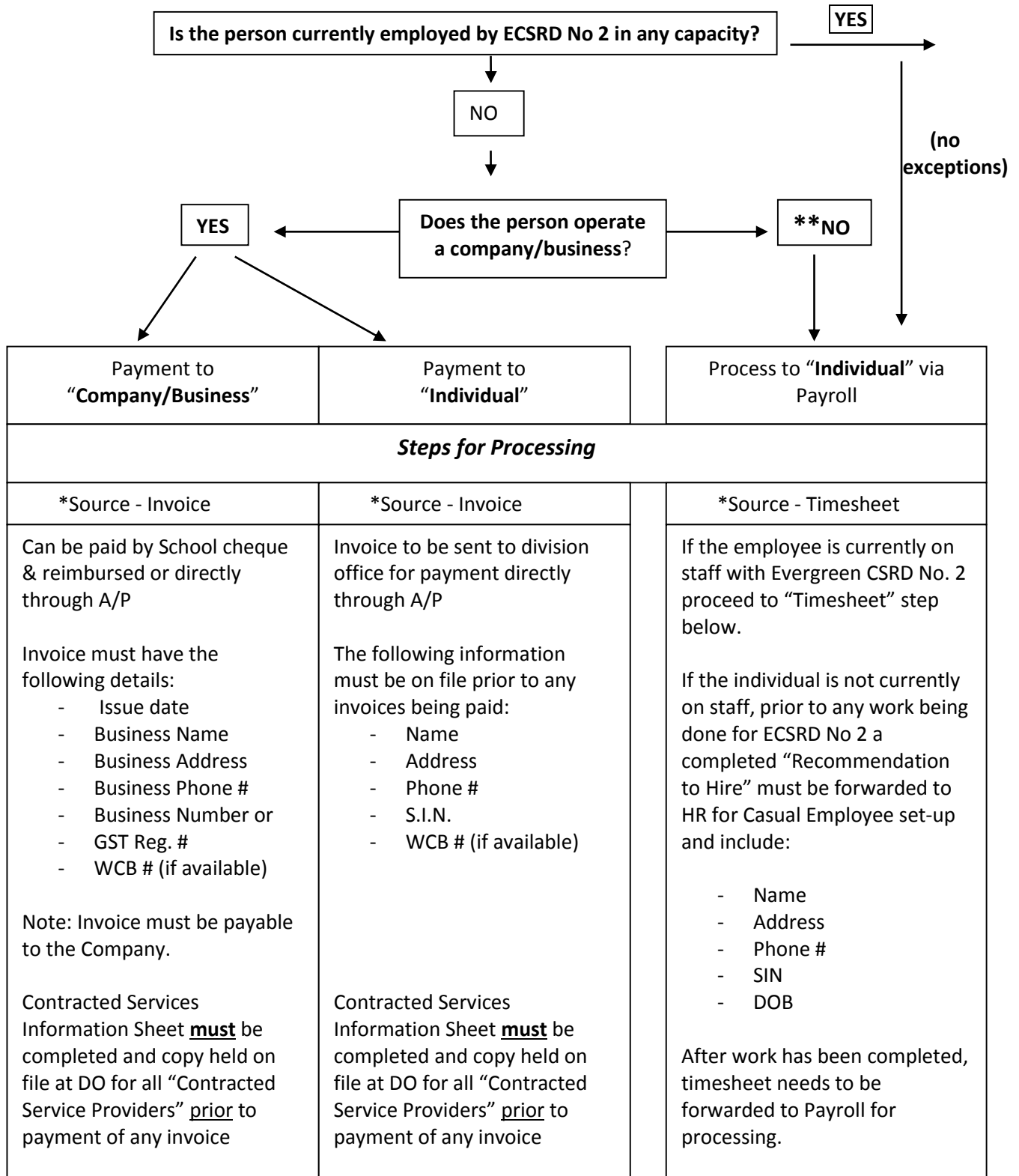
Dated: _____

Keep original form at School/Site

Send electronic copy to Division Office
Attn: A/P Department

A/P Updated: _____

CONTRACTED SERVICES & HONORARIUM CONSIDERATIONS



** Excludes Clergy, the Ordained, Members of a Religious Order, Individuals receiving cash gifts less than \$500 per calendar year, School Athletic Referees. If in question please contact Division Office for clarification.

CONTRACTED SERVICES SUMMARY SHEET

FOR

PERIOD COVERING: _____

VENDOR NAME:

ADDRESS:

INVOICE #	DATE	AMOUNT	DATE PAID

TOTAL