



St. James-Assiniboia School Division
 2574 Portage Avenue
 Winnipeg, MB R3J 0H8
 Ph.: 888-7951 Fax: 831-0859

DATE: _____

FEES FOR SERVICES – NON RESIDENT
ACCOUNTS PAYABLE

NAME: _____

ADDRESS: _____

CITY/PROVINCE/
 STATE: _____

POSTAL CODE: _____

COUNTRY: _____

S.I.N.: _____

TELEPHONE #: _____

SCHOOL: _____

☐ WAIVER OBTAINED – PLEASE ATTACH COPY OF REGULATION 105 WAIVER

DESCRIPTION OF SERVICES	DATE WORKED	FEE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
**Indicate currency honorarium is to be paid in.		TOTAL: 0

Charge to G/L Account _____

Employee Signature _____

Supervisor Signature _____

Board Office Approval _____

NOTE: If Regulation 105 Waiver has not been received from CRA, 15% withholding taxes will be deducted. A T4ANR will be issued at year end. Requests for payment with incomplete information will result in delayed payment. Attach invoice or contract. (Form must be completed and signed in ink.)

REFER TO OP #03203