

Guest Artist Request and Payment Form

GUEST ARTIST INFORMATION – Complete all applicable areas. Incomplete forms will be returned to originator.

PAYEE (Guest Artist) _____

Mailing Address - Apt _____ Address _____ City _____

Province _____ Postal Code _____ Email _____ Cell Phone _____

Social Insurance Number _____ GST Registration # _____

Individual Tax # _____ Social Security # _____ Days in Canada _____

*International payments, except USA, will require banking details, please complete wire transfer banking information on reverse.

REQUESTED BY

Today's date _____

Requested by _____ Fee **\$322.00**

If another amount \$ _____ Explain _____

Artist's Name _____ Date of Visit _____ Time of Visit _____

Artist's Expertise _____

Location Work Performed ECU Skype (location) _____ Other _____

Audience _____ Other, specify _____

Course mnemonic, number & section _____ Faculty or Program _____

****If event is outside of curriculum you will need a room booking. This includes lunchtime and evening talks. Email roombookings@ecuad.ca**

Academic Affairs Office and Financial Services Only

Vendor ID		AP Type	01 NRU	60	T4A-NR	T4A-	V#																										
Invoice #		Invoice Date																															
GL ACCOUNT CODE												CLEAR, BRIEF DESCRIPTION MAXIMUM 24 CHARACTERS												AMOUNT			Income Tax Info						
																											T4AFS	T4AD00	✓				
1	0	0	0									8	7	4	0																		
1	0	0	0	0	0	0	0	0	0	0	2	1	1	5	Less 15% withholding tax																		
																								Total									

APPROVALS

Recorded by Academic Affairs	Dean or Asst Dean Approval
Financial Services Approval	VP Finance Approval

- Step 1:** A Guest Artist Request and Payment form must be submitted by the staff/faculty member making the request at least TWO WEEKS PRIOR to the date of visit. Submit fully completed form to the Academic Affairs office (Admin Asst).
- Step 2:** Confirm with the guest once request is approved by Academic Affairs.
- Step 3:** Follow further instruction on back of form.

*Wire Transfer Banking Details (print clearly)		Date
Payee Name		
Payee Address		
Bank Name		
Bank Address		
Swift Code or BIC Code <small>SWIFT required for all international wire transfers</small>		
Account Number or IBAN Number <small>IBAN for most European Banks</small>		
CLABE Number <small>CLABE for Mexican Banks only</small>		
IFSC Number <small>IFSC for Indian banks only</small>		
<p>Emily Carr University wire fees will be charged back to the requesting department. Some receiving and intermediary banks also charge wire and/or exchange rate fees which could be deducted from the amount received by the payee/vendor. Receiving/intermediary bank fees are the sole responsibility of the payee/vendor.</p> <p>The personal information on this form is collected for the purpose of electronically transferring funds to your financial institution. The personal information collected will be used and disclosed in compliance with the BC Freedom of Information and Protection of Privacy Act.</p>		

IMPORTANT INSTRUCTIONS Guest Artist Request and Payment Form

Step 1: This form must be submitted by the faculty/staff member making the request at least **TWO WEEKS PRIOR** to the date of visit. Complete the two top sections in full: Guest Artist Information and Requested by. Submit form to the Academic Affairs Office (Admin assistant) for approval.

Step 2: Confirm with the guest once request is approved by Academic Affairs.

Step 3: If event is outside of curriculum you will need a room booking. This includes lunchtime and evening talks. To request, email roombookings@ecuad.ca.

Artist is paid in Canadian funds after visit has occurred. For USA guests the Canadian amount is converted to US funds and mailed. Outside Canada & USA, payment is made by wire transfer. Banking information is required, see above and complete in full.

Tax receipts will be issued for all guest artists. All non-residents of Canada a 15% tax is withheld and submitted to the CRA unless a waiver is received from Canada Revenue Agency no less than 30 days **prior to visit**. It is the responsibility of the visitor to obtain the waiver.

Guest Artist Request and Payment Form relating to the University's fiscal year end (March 31) must be submitted to Financial Services by the First Friday in April. Please refer to Policy Number 7.1 and 7.11; for complete details.

Completion of the Guest Artist Request and Payment Form. INCOMPLETE FORMS WILL BE RETURNED.

1. PAYEE – (type or print clearly)
2. MAILING ADDRESS – Enter the full current mailing address of the Payee.
3. EMAIL – Enter the current email address of the Payee.
4. CELL PHONE NUMBER – Enter current phone number including area code and country code if required.
5. SOCIAL INSURANCE NUMBER – Enter the social insurance number of the Payee.
6. GST REGISTRATION NUMBER – Enter the social insurance number of the Payee, if applicable.
7. INDIVIDUAL TAX NUMBER (ITN) – Enter the individual tax number of the Payee, if applicable.
8. SOCIAL SECURITY NUMBER (SSN) – Enter the social security number of the Payee, if applicable.
9. DAYS IN CANADA – Enter the total amount of days the Guest Artist will be in Canada, if applicable.
*Payments outside of Canada and USA – complete the wire transfer banking details above.
10. TODAY'S DATE – Enter today's date
11. REQUESTED BY – Enter your full name (type or print clearly)
12. FEE – The professional artists' fee is set by CARFAC (Canadian Artists Representation Collective) and updated annually. CARFAC serves at the national voice of Canada's professional visual artists. The fee cannot be reduced. www.carfac.ca
13. IF ANOTHER AMOUNT \$ - Speak to Academic Affairs for presentation's or consultation's over four hours.
14. EXPLAIN – Explain the reason for the other amount requested.
15. ARTIST'S NAME – Type or print full name clearly.
16. DATE OF VISIT - Enter the date of when work is to be performed and the time
17. TIME OF VISIT – Enter the time the visit is to take place. **If event is outside of curriculum you will need a room booking. This includes lunchtime and evening talks. Email roombookings@ecuad.ca.
18. ARTIST'S EXPERTISE - A brief description, listing professional experience.
19. WHERE WILL WORK BE PERFORMED – Check the appropriate box where work is performed. Fill in the blanks if required.
20. AUDIENCE – Describe the audience, i.e. students in a class, all of ECU, faculty only, staff only, for public and ECU, etc.
21. OTHER, SPECIFY – Complete if not tied to a course, was it a lecture, presentation, artist talk, etc.
22. COURSE MNEMONIC, NUMBER & SECTION – Complete if this is tied to a course.
23. FACULTY OR PROGRAM – Enter the Faculty or program is this for or organized by.
24. WIRE TRANSFER BANKING DETAILS – If artist is International, complete each section for payment by wire transfer.