



QUESTIONNAIRE

Determination of Employee or Self-employed/Independent Contractor Status

Name of Payee: _____ / _____ (please print)
Last Name First Name

McGill ID Number: _____ (if applicable)

Faculty / Department: _____

Brief description of work performed:

Facts and/or information	Yes	No
Do you hold a recognized, academic position at McGill University and/or its associated hospitals?		
Are the services being rendered, in whole or in part, consistent with those which would be governed by your appointment?		
Do you participate in McGill's benefit plans and pension plan?		
Are the services being rendered invoiced on your personal account rather than through an incorporated business? – If no, please complete the attached attestation		
Do you have access to a University office or work in a laboratory of the University?		
Have you been assigned a University telephone line?		
Have you been assigned a University staff email address?		
Is your engagement open-ended, as opposed to being for a limited period of time?		
Have you been engaged to give a lecture, seminar, conference, or similar activity listed in the University's official course calendar for a specified period of time?		
Is the planning, execution and supervision of the work overseen by a McGill employee? - This would include one or more of the following: Establishing work location, days and hours of work, vacations, etc.		
Are you provided with one or more of the following by the University? - Training, supervision, activity reporting, progress reviews, evaluations, directions as to the output expected (such as subject or content of a course) or specific results of a project,		
To complete the work, are you using one or more of the following provided by the University: Computers, tools, office supplies, delivery, shipping costs, rental of equipment and insurance?		
If additional help is required to complete the task, is it the responsibility of the University to hire additional staff?		
If you require additional time to complete your tasks, will the University compensate you?		
Total count		

The above questionnaire is intended to provide guidance in assessing an individual's employment status with the University. If the majority of the responses are "Yes", there is no need to submit this form to the University and the University reserves the right to treat the individual as an "employee" rather than self-employed/independent contractor. If the individual is considered an employee, the applicable income tax and social security premiums will be withheld. At year end a T4 Statement of Remuneration and Relevé 1 Revenu d'Emploi will be issued identifying the remuneration earned and applicable withholdings.

Where the majority of responses are "No", the individual may be considered self-employed/independent contractor. The form must be signed and submitted to the Accounting Department for review. Please note the information provided may be subject to audit by the Payroll Office. This form must be accompanied with an originally signed invoice prior to the processing of any payment. It is mandatory that a signed contract between the two parties be retained in the department. The contract should confirm the exact nature of the work to be performed, the time frame and remuneration amongst other items.

Please note, failure to disclose accurate information when completing the above questionnaire, may result in the immediate termination of the individual's employment contract or contract to provide self-employment services to the University.

Signature of Payee: _____ **Date:** _____ **Phone:** _____

Signature of Unit Head: _____ **Date:** _____ **Phone:** _____

Financial Services/Payroll Approval: _____ **Date:** _____



**Incorporated business providing services to McGill University
(where one of the incorporated business’s employees is a regular McGill employee).**

I, _____, as officer of _____
SIGNING OFFICER CORPORATE NAME

(Incorporated business) attest that the incorporated entity has been engaged by McGill University to perform _____ Services, as outlined in the terms if engagement.

NOTE: Please find attached a duly authorized copy of incorporation documents attesting that this incorporated entity is registered and in good standing.

SIGNING OFFICER DATE

Canada Revenue Agency Business Number (BN): _____

GST registration number: _____

QST registration number: _____

Please note that employees whom are invoicing their employer via an incorporated company for services rendered may risk a restriction on deductible expenses and be subject to penalties and interest if Canada Revenue Agency or Revenue Quebec deems the incorporated company to be a Personal Service Business. Please consult a tax professional for the related potential consequences.

McGill Vendor Information Questionnaire

Is this business owned by current McGill student?	Yes	No
Is this business owned by a McGill employee?	Yes	No
Does the supplier possess a valid bank account in order to remit payment?	Yes	No
Is this business a "Social Economy" enterprise which operates as a non-profit under the Québec law - McGill reserves the right to request further validation?	Yes	No
Is this business owned by Indigenous community members, or managed by Indigenous community members and operating out of an Indigenous reserve or municipality - McGill reserves the right to request further validation?	Yes	No
Is this purchase a Cloud Solution platform or license?	Yes	No
Will the supplier have access to personal information?	Yes	No
Contract value over \$10,000	Yes	No
Description of Goods and Services		
Legal business name		
Contact Person's Name		
Phone number		
Email address		
Fax number (if available)		
Billing address (including city, province, country, and postal code)		
Currency to be paid in (CAD, USD etc)		
Tax status (complete applicable fields)		
GST/HST No.: (9 digit number)		
QST No.: (10 digit number followed by TQ) for Quebec vendors only		
Quebec registration number		
Frequency of use:	1 time purchase	Annual Use
		Frequent purchase

A copy of the quote/ invoice or signed agreement by the vendor should also be provided. A signed scanned copy will be sufficient. Once we receive the information, a McGill ID will be issued and a request for a purchase order will be made.



ELECTRONIC PAYMENT SERVICES

TO THE TREASURER/CONTROLLER – FOR CANADIAN COMPANIES ONLY

Dear Treasurer/Controller:

In the Spring of 2012, McGill University implemented an electronic payment service for all of its suppliers. This payment method allows McGill to pay invoices in a more efficient and timely manner.

Electronic payment services offers tremendous advantages, such as:

- Faster payments deposited directly in the Canadian bank account of your choice
- Complete remittance information sent via email to your accounts receivable department
- Reduced costs by not having to deal with cumbersome cheque and deposit processes
- No cheques lost in the mail and independence from mail services in case of strike
- Promotes sustainability

For your Company to be eligible for this electronic payment service, please complete the form below and send it to us by email, along with an image of your Company's void cheque by clicking [here](#).

All questions regarding this service should be emailed to us by clicking [here](#).

You will be notified prior to receiving the first electronic payment.

Thank you for choosing to subscribe to our Electronic Payment Service.

Cordially,

François Pouliot
Director, Procurement Services



REQUEST FOR ELECTRONIC PAYMENT SERVICES – CANADIAN BANK

Please complete this form and submit it along with your Company's void cheque to epayment.services@mcgill.ca. **Note:** The address on the cheque must match the address captured below. Otherwise, a bank letter is required with the appropriate account and address information.

Supplier ID:	
Supplier Name:	
Supplier Address:	
Remittance notification email address:	

Account information (complete for **one account** only)

CAD\$ Account

Bank Code

Transit Number

Account Number



Cheque #	Transit #	Bank Code	Account #
(Not required)	(Required)	(Required)	(Required)

AUTHORIZATION – TO BE COMPLETED BY SUPPLIER

Date:	
Signature:	
Name:	
Title:	

Clear Form

Save

Print