

Payment Form for Research Fieldwork Services Provided in Remote Areas (This form should be used for research related fieldwork only)

Individuals who provide services for research fieldwork in **remote areas** are often seasonal or temporary workers. Payments to these individuals using cash or gift cards must be recorded and approved using this form **for individual payments less than \$250.00**.

For individual payments less than \$250.00, this form must be completed by the claimant (e.g. Principal Investigator), signed by both the claimant and payment recipient, and submitted through the Employee Reimbursement System (ERS). No additional information will be required for these payments. **Please note: Claims requesting reimbursement for these types of payments without the support of this form will be returned to the claimant.**

For individual payments \$250.00 or more, in order to comply with Canada Revenue Agency (CRA) regulations, the individual providing the services must be paid through the acQuire system (e.g. Payment Request Form) and the payment must be supported by an invoice. The payee's name, home mailing address, and Social Insurance Number (SIN) or SIN equivalent (if non-Canadian resident), must be provided on the invoice. A T4A/T4ANR will be generated for all individuals receiving payments of \$500.00 or more in any one calendar year.

For instructions on issuing cash, near-cash, or non-cash items to **Indigenous Elders**, please refer to the [Payments to Indigenous Elders/Participants Procedure](#).

For instructions on issuing cash, near-cash, or non-cash items to **Research Study Participants**, please refer to the [Payments to Research Study Participants Procedure](#).

Claimant Name:	
Payment Date: (MM/DD/YYYY)	
Recipient's Name:	
Amount:	\$ _____ <i>(must be less than \$250.00)</i>

Please provide a brief description of the services provided by the payment recipient:	
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Important Note: If there are any issues with Queen’s University Internal Audit, an external audit or the Canada Revenue Agency, as a result of this payment, it will be the responsibility of the claimant to resolve the issue.

Signature of Claimant (Payor)

Date

Signature of Payment Recipient (Payee)

Date