



AGREEMENT FOR INDEPENDENT CONTRACTOR SERVICES

This is an Agreement

BETWEEN:

**NAME
ADDRESS**

AND:

The University of New Brunswick
Fredericton, NB E3B 5A3
(Hereinafter called "the University")

Whereas the University requires certain services related to **INSERT DESCRIPTION HERE @ \$XXX (+ HST or HST included) for a total fee of \$XXX.**

And whereas the **INCUMBENT** has undertaken to provide such services subject to the following terms and conditions.

Now therefore this Agreement witnesseth that:

1) **WORK**

- 1) **NAME** hereby agrees to provide the services and to perform the duties in Schedule "A" to this Agreement.
- 2) The Incumbent agrees to provide the work under this Agreement from the commencement date **dd/mm/yyyy to dd/mm/yyyy.**
- 3) That you undertake to ensure that the services covered by the Agreement are performed in accordance with a high standard of care, diligence and skill.
- 4) It is understood that you will be providing your services as an independent contractor and not as an employee of the University. You will be paid for your services on a T4A basis with no deductions for income tax or other withholdings. For each calendar year, you will be issued a T4A information slip reporting the total taxable income paid to you by the University.



2) **FEES AND PAYMENT**

The University agrees to make payment to the Supervisor for performing the services under this agreement in accordance with Schedule "B" which is attached hereto and is an integral part of this agreement.

3) **AMENDMENTS**

Changes in the scope of the work will only be implemented upon written authorization from the University. Fees for changes shall be as agreed upon by the parties.

4) **INDEMNIFICATION**

The University shall not be liable or responsible for bodily or personal injury or property damage of any nature whatsoever that may be suffered by the Incumbent in the performance of this Agreement. If you cannot provide proof of \$1Million in Liability insurance coverage, this agreement will be treated as T4 employment income.

In witness whereof the parties hereto have executed this Agreement:

For the University:

For the Supervisor:

Dean
Faculty of XXXX

INCUMBENT

Date

Date

cc: Human Resources
Comptroller
Director & Assistant Comptroller, Financial Services
Director Risk Management



SCHEDULE A

DUTIES

- (1) To provide said service, you will be responsible for these duties to the Dean of the Faculty of XXX: **LIST BELOW**

SCHEDULE B

FEES AND PAYMENT

NAME will conduct the work for a total fee of \$XXX (+ HST or HST included). If the payment is to you as an individual, payment of the base fee will be paid on a T4A basis with no deductions for income tax or other withholdings. For each calendar year, you will be issued a T4A information slip reporting the total taxable income paid to you by the University

THIS IS A CONTRACT ONLY. TO RECEIVE PAYMENT YOU MUST INVOICE THE UNIVERSITY OF NEW BRUNSWICK AND SEND INVOICE TO:

**DEPT REP
ADDRESS
c/o Faculty of XXX
University of New Brunswick
P.O. Box 4400
Fredericton, NB E3B 5A3**

ON YOUR INVOICE PLEASE INCLUDE TO WHOM CHEQUE IS TO BE MADE PAYABLE, ADDRESS AND SOCIAL INSURANCE NUMBER. IF YOU ARE AN HST REGISTRANT PLEASE INVOICE FOR HST AND INCLUDE YOUR HST NUMBER ON THE INVOICE.



SAMPLE INVOICE

DATE: _____

To: DEPT REP
ADDRESS
c/o Faculty of XXX
University of New Brunswick
P.O. Box 4400
Fredericton, NB E3B 5A3

Services Performed: _____

Date Ranges: _____

X hours @ XX.xx/hour

\$XXX.xx

NAME
ADDRESS

S.I.N.: _____

Please make cheque payable to (If Company name is to be used):

HST Number of Company: _____
(If applicable)

Direct Deposit Form is also attached and is UNB preferable method of payment
(Click [here](#) for form fillable version of Direct Deposit Form)



University of New Brunswick Payables & Disbursements Direct Deposit

This form is to be used for Accounts Payable Direct Deposit for those individuals requesting payment for services, reimbursement of travel or personal reimbursements, T4A, living allowances or any other payment type.

Date: _____

Name (Last, First, Middle): _____
(please print)

Email Address: _____

Date of Birth: _____ Social Insurance Number (required): _____

Home Address: _____

Signature: _____

Attach a "VOID" cheque **OR** verification from your Financial Institution which must include the Institution Stamp, Institution Number, Transit Number and Account Number.

NOTE: IF NOT ATTACHING A "VOID" CHEQUE FOR DIRECT DEPOSIT, PLEASE HAVE THE FOLLOWING SECTION COMPLETED BY YOUR FINANCIAL INSTITUTION:

For Bank Use Only:

Institution Stamp

Bank Name: _____

Bank Address: _____

Institution Number: _____

Transit Number: _____

Account Number: _____

Return this form to the attention of the Accounts Payable Supervisor, Financial Services, Room 001, 8 Bailey Drive, or email to accpay@unb.ca, or fax to 506-458-7849.