

**VANCOUVER SCHOOL BOARD
ARTIST-IN-RESIDENCE
PAYMENT FORM**

TO BE COMPLETED BY THE ARTIST	
VSB EMPLOYEE NO. (If applicable, e.g., Night-School Instructor): _____	
LAST NAME: _____	FIRST NAME: _____
HOME PHONE: _____	BUSINESS PHONE: _____
ADDRESS: _____	
CITY: _____	POSTAL CODE: _____
GST NO: _____	
To whom should this cheque be made payable? _____	
Honorarium: <u> \$500 </u> (7 hours of Artist-In-Residence service)	<div style="border: 1px solid black; width: 100px; height: 100px;"></div>
GST: <u> \$ </u> (If applicable, GST # must be provided, see above)	
Total: <u> \$ </u>	

1. The artist whose name appears on this document has undertaken to provide Artist-in-Residence services as per this document. There is no commitment on the part of the Vancouver School Board to utilize the artist for additional classes during this term or succeeding terms.
2. Payment will be made upon completion of the residency and submission of this form in the blue bag or by fax (713-5076) to the Coordinator, Artist in Residence Program, District Learning Services. Please note: All honorarium payments to VSB employees are processed by the VSB payroll department and are subject to Canada Pension Plan, Employment Insurance and Income Tax deductions.

School Name _____

Signed _____
Contact Teacher
Date

Signed _____
School Principal
Date

For District Use Only:	
COA: 8305 11 161 _____	Approved: _____
4069 11 161 _____	Val Dare
7251 11 161 _____	Coordinator, Artist in Residence Program