

Appendix: Cash and Gift Card Disbursement Form



CASH AND GIFT CARD DISBURSEMENT FORM FOR INDIGENOUS PAYEES

RECIPIENT INFORMATION

DO YOU IDENTIFY AS INDIGENOUS? YES NO

FIRST NAME:
ADDRESS:

LAST NAME:

CITY:

PROVINCE/STATE:

COUNTRY:

POSTAL/ZIP CODE:

PHONE NUMBER:

ARE YOU WILLING TO PROVIDE YOUR SIN TO U OF T? YES* NO

ARE YOU WILLING TO PROVIDE YOUR DATE OF BIRTH TO U OF T? YES* NO

**If yes, SIN and/or date of birth will be requested verbally and directly entered into HRIS.*

RECIPIENT SIGNATURE:

DATE:

PAYMENT INFORMATION

(to be completed by employee)

SERVICE PROVIDED:

DATE SERVICE WAS PROVIDED:

AMOUNT IN CAD:

WAS THE SERVICE PROVIDED ON A RESERVE? YES NO