



The Foundation Assisting Canadian Talent on Recordings
With Support From Canada's Private Radio Broadcasters

RECEIPT FOR SERVICES

This receipt must be completed for any service provider who donated their services or were paid by cash or money order. If this receipt is not submitted then these costs will not be considered by FACTOR. Proof of Canadian citizenship is required to accompany this document. Please provide the supplier's social insurance number, or a copy of their passport, Permanent Resident card or birth certificate.

Please note: A separate form must be completed for each supplier.

Approved FACTOR File #: _____ Date: _____

Name of Artist/Band: _____

Applicant/Recipient Name: _____

SUPPLIER'S INFORMATION

Name: _____ Phone: _____

Address: _____ City: _____ Prov: _____

Postal Code: _____ Email: _____

Social Insurance Number: _____ Canadian/Permanent Resident? Yes No

FEE & PAYMENT INFORMATION

Services Provided: _____

Fee for Service	Payment Received	Donated Services	Total
\$ _____	\$ _____	\$ _____	\$ _____

Per Diems

Amount of Per Diem	Number of Days	Total to be Paid	Payment Received
_____	x _____	= \$ _____	\$ _____

I certify that all information on this form is true and correct.

Signature of Supplier: _____ Date: _____