



Department of
Finance
Taxation and
Property Records

Request for Refund of Retail Sales Tax (RST)

(Pursuant to the Prince Edward Island Retail Sales Tax Act
and the Revenue Administration Act R.S.P.E.I. 1988)

Mail to:

Department of Finance,
Taxation and Property Records
PO Box 1330, Charlottetown, PE C1A 7N1

Deliver to:

95 Rochford Street
Shaw Building, 1st Floor, South
Charlottetown, PE C1A 3T6
or: any Access PEI Centre

Tel: (902) 368 4070 Fax: (902) 368 6164

Website: www.princeedwardisland.ca

Email: taxandland@gov.pe.ca

NOTE: Refunds are issued by the Province of Prince Edward Island through Electronic Funds Transfer (EFT). If you are not registered with the Province of PEI to receive EFT payments, please complete and return the attached Vendor Registration Form with your refund request.

Freedom of Information and Protection of Privacy

Personal information on this form is collected under the authority of Section 31(c) of the *Freedom of Information and Protection of Privacy Act* and will be used for the purposes of tax administration and enforcement. Questions on the collection and use of this information can be directed to the Manager, Tax Administration and Compliance Services, PO Box 2000, Charlottetown, PE C1A 7N8 (902) 368-5137.

Section A – Claimant Information (please print)

Full Name (must include middle name/s):

Nature of Business (if applicable):

If a commercial fisher, provide the Marked Gasoline / Marked Diesel Oil permit number:

Mailing Address:

City/Town/Village:

Province:

Postal Code:

Telephone: ()

Fax: ()

Email:

Section B – Refund Information

1. Complete the schedule on the reverse of this form and attach original invoices, receipts and documentation.

2. Total amount of refund claim (enter amount calculated on reverse): \$

Section C – Reason for Refund (if space is insufficient, please attach a separate sheet)

I hereby certify that the above information is correct to the best of my knowledge and belief.

Name of Contact Person (please print)

Signature

Title

Date

For Office Use Only	Section	Object	Program	Project	Amount
Account No.:					
Received Date:	Approved by:				

List below all goods on which you seek a refund of retail sales tax (RST) paid and **attach original invoices, receipts and all supporting documentation.**
 If space is insufficient, please attach a separate sheet.

Date of Purchase (mm/dd/yyyy)	Name of Supplier	Invoice No.	Description of Item(s)	Purchase Price	RST Refund Claimed
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
				\$	\$
Total amount of refund claim (enter in Section B, line 2 on reverse)					\$



VENDOR REGISTRATION FORM

(see reverse for instructions)

VENDOR #	
VENDOR SITE	

Freedom of Information and Protection of Privacy

The personal information requested on this form is collected under the authority of section 31(c) of the *Freedom of Information and Protection of Privacy Act* R.S.P.E.I. 1988, Cap. F-15.01, and will be used for the purpose of administering payments to the individuals or suppliers that are identified on this form. This use includes the sharing of this information within the Government of Prince Edward Island and its agencies to update and ensure the accuracy of information for administering payments. Questions on the collection and use of this information can be directed to the Accounts Payable Supervisor at (902) 368-4067.

SECTION A: STANDARD VENDOR INFORMATION (ALL FIELDS ARE REQUIRED IN SECTION A)

VENDOR NAME:				
REGISTERED COMPANY OR BUSINESS NAME / FIRST NAME	MIDDLE NAME(S)	LAST NAME		EMPLOYEE NUMBER, OR DATE OF BIRTH, OR BUSINESS
		PREVIOUS LAST NAMES		
CURRENT MAILING ADDRESS:				
MAILING ADDRESS		CITY	PROVINCE/STATE	POSTAL CODE / ZIP CODE
PREVIOUS MAILING ADDRESS:				
MAILING ADDRESS		CITY	PROVINCE/STATE	POSTAL CODE / ZIP CODE
CONTACT INFORMATION:				
PHONE (INCLUDING AREA CODE)	EMAIL ADDRESS		CONTACT NAME (COMPANY/BUSINESS)	
PAYMENT CURRENCY:	<input type="checkbox"/> CAD	<input type="checkbox"/> USD		

SECTION B: ELECTRONIC PAYMENT SERVICE

Please attach a void cheque, correspondence from Financial Institution or have Financial Institution complete section below

BRANCH NUMBER											BANK OFFICER'S SIGNATURE	
INSTITUTION NUMBER												NAME (PRINT)
BANK ACCOUNT NUMBER												

SECTION C: CERTIFICATION

I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to share the information collected on this form with each other for the purposes of making a payment that is due. If the payment method chosen is electronic payment then I, as the person named in this form in my own right, or as the representative of the company or business named in this form entitled to receive payments from the Government of Prince Edward Island, hereby authorize the Government of Prince Edward Island or its agencies to electronically deposit those payments into the noted bank account until further notice. If I am the representative of the company or business named in this form, I have the authority to bind the company or business.

AUTHORIZED SIGNATURE	DATE	TITLE
		FINANCIAL INSTITUTION STAMP HERE

SECTION D: DEPARTMENT USE ONLY

BUSINESS UNIT:	<input type="checkbox"/> FIS	<input type="checkbox"/> MEPS	<input type="checkbox"/> LMDA	<input type="checkbox"/> ISM	<input type="checkbox"/> ELSB	<input type="checkbox"/> FLSB
ADDRESS PURPOSE:	<input type="checkbox"/> PAYMENT	<input type="checkbox"/> SHIPPING	VENDOR TYPE:	<input type="checkbox"/> NON-EMPLOYEE	<input type="checkbox"/> EMPLOYEE	
REQUESTED BY	PHONE NUMBER		DATE			



VENDOR REGISTRATION FORM

VENDOR NO.

These instructions are provided to assist vendors in completing the Vendor Registration Form required for any receipt of payments from the Government of Prince Edward Island and its agencies using Government's financial accounting system.

For the purposes of this form, a vendor is the person or business that receives, or may receive, a payment from the Government of Prince Edward Island or its agencies. The information requested on this form is collected to facilitate the processing of these payments.

It is the responsibility of the vendor to notify the Government of Prince Edward Island or its agencies of any changes to the Vendor information by completing a new Vendor Registration Form.

Send your completed form to the mailing address, email address or fax number provided below. Completed forms will be processed within 3 business days. Failure to fully complete the form will result in delays.

Province of PEI Office of the Comptroller; Payment Processing 2 nd Floor Shaw Building, 95 Rochford Street PO Box 2000 Charlottetown, PE C1A 7N8	Tel: (902) 368-4010 Fax: (902) 368-6661 Email: pymtproc@gov.pe.ca
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Please follow the instructions below to ensure that the Vendor Request Form is properly completed.

Section A: Standard Vendor Information	
Vendor Name:	For an <u>individual</u> , please provide your full legal name including your middle name and all previous last names including married or maiden names. Middle and prior last names are used to potentially update Government's current vendor records. For a <u>business</u> , please provide your legal name and your operating name if different than your legal name.
Date of Birth, or Business or Employee Number:	If you are not an employee of the Government of Prince Edward Island or any of its agencies and you do not have a Business Number, then please provide your date of birth using the format DD-MON-YY. If you are an employee of the Government of Prince Edward Island or any of its agencies, you must provide your employee number. Businesses must provide the 15 digit identifier provided by CRA. If you do not have a business number, please indicate 'Not Applicable' in the box.
Current Mailing Address:	Please provide your complete mailing address.
Previous Mailing Address:	Please provide as many previous mailing addresses as possible. We use previous mailing address information to potentially update Government's current vendor records and to prevent duplication of your information.
Contact Information:	Please include as much contact information as possible. The Government of Prince Edward Island may need to contact you to confirm, verify or obtain additional information. Please provide an email address which will be used to send a list of invoices paid when a vendor is approved to receive payments electronically. If a valid email address is not provided, you will not receive a notification of an electronic payment. Also, to assure that future notifications from this electronic service are not accidentally filtered out of your email, please add pymtproc@gov.pe.ca to your address book or safe sender list.
Payment Currency:	Please choose payment by CAD (Canadian dollars) or USD (American dollars). If you choose to be paid by USD, your banking information must be provided. Most vendors are paid in Canadian dollars.
Section B: Electronic Payment Service	
The Government of Prince Edward Island has not made electronic payments mandatory but it is recommended that you use this cost effective service. Electronic payments are secure and reliable and there are daily payments made using this service. Please have your financial institution complete this section of the form. Alternately, you can leave this section blank and attach a void cheque or correspondence from your financial institution with your banking information. All payments made by Government of Prince Edward Island and its agencies will be deposited to the noted bank account. You may only have one active bank account for electronic payments unless a specific and prior written request is made to the Office of the Comptroller. If providing banking information, include your email address in the contact information. A list of invoices paid will be sent to this email address. If this is USD banking, please provide your routing number in lieu of the branch and institution number.	
Section C: Certification	
This section must be read and signed by the vendor.	
Section D: Department Use Only	
This section is for the internal use of the Government of Prince Edward Island or one of its agencies only. If you are a vendor completing this form, please leave this area blank.	
Business Unit:	Please indicate which business unit from which this form originates. <u>This would be done prior to sending the form to a vendor.</u>
Address Purpose:	Please indicate the reason of the address information that is provided on the form. It can be both. PAYMENT is the address where the payment is made or the Remit To Address. SHIPPING is the address where the goods or services are being purchased. For example, purchase orders may be directed to a warehouse location in one province but the payment is made to head office that is located in a different province.
Type of Vendor:	Please indicate if the vendor is a non-employee regular or an employee of Government or one of its agencies. Employees of Government are approved differently so this information is important.
Requested by/Phone Number/Date:	Please provide this information so that we may be able to contact you for additional information or clarification.