**To insure prompt payment, submit this form to Procurement PRIOR to the date services are to begin.**

**The use of this form is for Independent Contractors only; It is not applicable for corporate consultants.**

**PRINT, SIGN/APPROVE ONE REQUEST; FORWARD ORIGINAL TO THE PROCUREMENT DEPT.**

**REQUEST APPROVAL TO ENGAGE:**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IC NAME:** |  | | | | | | | |  | | | | | |
| **FULL ADDRESS:** |  | | | | | | | | | | | | | |
| **EMAIL:** |  | | | | | | | | **PHONE:** | | |  | | |
| **OCCUPATION:** |  | | | | | | | | **\*Last 4 Digits of SSN:** | | |  | | |
| **DATE OF SERVICE:** | **Effective Beginning** | |  | | **Ending** | | |  | | |  | | | |
|  | | | | | | | | | | | | | | |
| **RATE PER HR.** (if applicable) | | **$** | **OR, RATE PER DAY** | **$** | | **TOTAL FEE \***(includes all travel expenses) | | | | | | | **$** |  |
| **Pursuant to IRS regulation, all expenses, including travel, must be included in the total fee to be reported on form 1099 as income. Miscellaneous expense vouchers for IC services will not be honored.** | | | | | | | | | | | | | | |
| * **Is IC an employee (staff or faculty)? If yes, stop and contact HR.** | | | | | | | **Yes** **No** | | |  | | | | |
| * **Has IC been an employee (staff or faculty) in the past 45 days?** | | | | | | | **Yes No** | | |  | | | | |
| * **Has the Contractor been utilized in the past? If so, provide dates/amounts.**   (If the contractor has not previously provided services to TU, a W9 form is required in order for the contractor to be reimbursed ) | | | | | | | **Yes No** | | | **Date** **Amt.**  **Date       Amt.** | | | | |
| * **Is the IC or beneficiary of payment a US citizen or permanent resident alien?**  If **no**, contact the University Non-Resident Alien Tax Specialist at x4-5269 for instruction. | | | | | | | **Yes No** | | |  | | | | |

**BRIEF DESCRIPTION OF SERVICES:** (Attach additional description if necessary)

|  |
| --- |
|  |

**JUSTIFICATION FOR REQUESTING SERVICES FROM OUTSIDE SOURCE**: (Attach additional justification if necessary)

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|  |

**DESCRIBE PROPOSED IC QUALIFICATIONS:** (Attach resume or additional qualifications if necessary)

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | | | | | | | | | | | | |
| **IS FEE FAIR AND REASONABLE:** | | | | **Yes No** | | | | | | | | |
|  | | | | | | | | | | | | |
| **TU CONTACT:** | |  | | | | **TITLE:** |  | | | | | |
|  | | | | | | | | | | | | |
| **DEPT. NAME:** |  | | | | | **DEPT. #:** |  |  | **FUND:** |  |  | **ACCT. 502123** |
|  | | | | | | | | | | | | |
| **GRANT/PROJ/INITIATIVE.:** | | |  | |  | | | | | | | |

By signing below, I certify that the fee is fair and reasonable, and that no prohibited conflict of interest exists between the proposed independent contractor and any TU staff involved in the engagement, and that no personal advantage, gain or privilege has or will accrue to TU staff or immediate family, via this engagement of the independent contractor.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
| **DEPARTMENT HEAD SIGNATURE** |  | **PRINT** |  | **DATE** |
|  |  |  |  |  |
| **VICE PRESIDENT/DEAN’S SIGNATURE** |  | **PRINT** |  | **DATE** |
|  |  |  |  |  |
| **BUDGET OFFICE SIGNATURE** |  | **PRINT** |  | **DATE** |
|  |  | **Jeffery Sutton, Director** |  |  |
| **PROCUREMENT DEPARTMENT SIGNATURE** |  | **PRINT** |  | **DATE** |

If you have questions regarding this form, contact Michele Kreider, x4-2965