UB Foundation Independent Contractor Approval/Payment

Name of Individual: _ Citizenship: Date(s) of Service Description of Service	U.S. Resident Alien		Non-Resident Alien	
- ,		n Independent Contractor	dual?	
			d, i.e. hiring, supervising and pa	
	-	ne individual to perform th	e services?	
Whose equipm	nent was use	ed?		
• Does this indiv	vidual perfo	rm this service for other?	If so, for whom and h	now frequently?
 Does this person 	on have oth	er employment?	_ If so, explain	
Does this person	on advertise	? If so, how? _		
• How will this	individual b	e paid? Per Hour (hou	urs x rate/hour) or	Per Job (job rate)
• Please attach a	ın original i	nvoice for services perform	ned.	
	copy. If no	t, please complete the cert	between the University and this ifications below obtaining prope	
PAYEE CERTIFICATIO	 N		APPROVED FOR PAYMENT	
I certify that the above servithe reimbursement claimed I understand that such service Services, Inc. in my capacity as such, I am not entitled to I am in compliance with all regarding reporting and pay responsible for reporting an interest in data/material processible be considered the property.	is a true and acces were provi y as an Indepe the rights and federal, state, ing taxes, and d paying taxes duced as a resu	ccurate representation. ded to UB Foundation ndent Contractor and, benefits of an employee. and local requirements I realized that I am solely . All right, title, and alt of these services	I certify that the above services hereimbursement claimed is true an are appropriate considering the quantitative the services are essential and UB Faculty/Staff, that I have revian independent contractor and has classification is appropriate in this	ad accurate, that the charges ualifications of the Payee, l cannot be provided by iewed the characteristics of ive determined that such
Payee Signature		Date	Accountholder	