

**RESEARCH FOUNDATION OF STATE UNIVERSITY OF NEW YORK
UNIVERSITY AT BUFFALO**

PAYMENT FOR INDEPENDENT CONTRACTOR SERVICES

Acct. # (Project - Task - Award):	Expenditure type:	Department:	Date:
PAY TO:			
Name of Independent Contractor:		*U.S. Social Security or ITIN Number necessary for payment:	
Home Street Address:		Citizenship Status: ** Are the necessary tax and immigration forms attached?	
City and State:		<input type="checkbox"/> US Citizen <input type="checkbox"/> Resident Alien <input type="checkbox"/> Non-Resident Alien - Country of Origin:	
Zip Code:			
Business Affiliation/Street Address/City/State/Zip:			
Scheduled Date(s) of Performance:			
Description of Intended Services (DETAILED DESCRIPTION REQUIRED):			
<u>AMOUNT OF REIMBURSEMENT CLAIMED</u>			
<u>SERVICES: COMPLETE A OR B</u>			
A. Contract Fee \$ _____		G&C Use Only 1099 Coding \$ _____ Fee \$ _____ Travel	
or			
B. Rate per Hour/Day _____ x Hours/Days _____			
TOTAL CHARGE FOR SERVICES			
		\$ _____	
<u>TRAVEL EXPENSES - WHERE APPLICABLE</u>			
C. Transportation		\$ _____	
D. Lodging (Amount/Day \$ _____ x Days _____)		\$ _____	
E. Meals		\$ _____	
F. Other (Explain) _____		\$ _____	
TOTAL TRAVEL EXPENSES		\$ _____	
TOTAL REIMBURSEMENT		\$ _____	
PAYEE CERTIFICATION I certify that the above services have been performed and that the reimbursement claimed is a true and accurate representation. I understand that such services were provided to the Research Foundation in my capacity as an Independent Contractor and, as such, I am not entitled to the rights and benefits of an employee. I am in compliance with all federal, state, and local requirements regarding reporting and paying taxes, and I realize that I am solely responsible for reporting and paying taxes. All rights, title, and interest in data / material produced as a result of these services will be considered the property of the Research Foundation. _____ (Payee Signature) (Date)		APPROVED FOR PAYMENT I certify that the above services have been performed, that the reimbursement claimed is true and accurate, that the charges are authorized against the account shown, that the charges are appropriate considering the qualifications of the Payee, that the services are essential and cannot be provided by UB Faculty / Staff, that I have reviewed the characteristics of an independent contractor and have determined that such classification is appropriate in this instance. _____ (Principal Investigator) (Date)	
BUSINESS OFFICE APPROVAL			
Fiscal Designee's Signature:	Date:	Terminal Input:	Block:

Forward original form to UB Commons, Suite 211, North Campus for Sponsored Accounts
Forward original form to 418 Crofts Hall, North Campus for Non-Sponsored Accounts

Rev. 7/05

**The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is required pursuant to the Internal Revenue Code.*