

**UB Foundation
Independent Contractor Approval/Payment**

Name of Individual: _____ SSN #: _____
 Citizenship: U.S. _____ Resident Alien _____ Non-Resident Alien _____
 Date(s) of Service _____
 Description of Service _____

Factors Qualifying Individual as an Independent Contractor

- To what degree were instructions given to the individual? _____
- Did the University control how results were achieved, i.e. hiring, supervising and pay assistants, requiring prior approval before proceeding? _____
- Did the University train the individual to perform the services? _____
- Where was the work performed? _____
- Whose equipment was used? _____
- Does this individual perform this service for other? _____ If so, for whom and how frequently? _____
- Does this person have other employment? _____ If so, explain. _____
- Does this person advertise? _____ If so, how? _____
- How will this individual be paid? ____ Per Hour (hours ____ x rate/hour ____) or ____ Per Job (job rate ____)
- Please attach an original invoice for services performed.
- Is there a written contract describing the relationship between the University and this individual? _____ If so, please attach a copy. If not, please complete the certifications below obtaining proper signature from the payee and responsible University personnel.

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 UB Foundation Services, Inc. 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 realized that I am solely responsible for reporting and paying taxes. All right, title, and interest in data/material produced as a result of these services will be considered the property of UB Foundation.

APPROVED FOR PAYMENT

I certify that the above services have been performed, that the reimbursement claimed is true and accurate, 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.

Payee Signature _____

Date _____

Accountholder _____

Date _____