RESEARCH FOUNDATION for STATE UNIVERSITY OF NEW YORK UNIVERSITY AT BUFFALO

PAYMENT FOR INDEPENDENT CONTRACTOR SERVICES

Acct. # (Project - Task - Award)	:	Department	: (Contact Name &	& Email:		Date:	
PAY TO:								
Name of Independent Contractor:						of SSN or ITIN:		
Home Street Address:					Citizenship Status: ** If you check this box, refer to the NRA packet.			
City and State:				Zip Code:	Resident Alien **Non-Resident Alien — Country:			
Business Affiliation/Street Add	dress/City/State/2	Zip:						
Scheduled Date(s) of Performance:								
Description of Intended Service	ces (DETAILED	DESCRIPTIO	ON REQUIRE	D):				
AMOUNT OF REIMBURSEMENT CLAIMED								
SERVICES: COMPL	ETE A OR	<u>B</u>						
A. Contract Fee \$							SG Use Only	
or B. Rate per Hour/Day_	x	Hours	/Days \$			10	999 Coding	
TOTAL CHARGE FOR SERVICES					\$	\$	Fee	
TRAVEL EXPENSE	S: WHERE	APPLICA	ABLE					
C. Transportation	•	_	\$_					
D. Lodging (Amount/Day \$ x Days) \$ E. Meals						\$	 _	
F. Other (Explain)			\$				Travel	
	TOTAL TRA				\$			
	TOTAL REII	MBURSEN	<i>MENT</i>		\$			
PAYEE CERTIFICATION I certify that the above services he claimed is a true and accurate were provided to the Research Contractor and, as such, I am employee. I am in compliance regarding reporting and paying taxes. All rights as a result of these services with Foundation.	representation. I u Foundation in my not entitled to the with all federal, sexes, and I realize to ghts, title, and inter	nderstand that capacity as a ne rights and state, and loca hat I am solely rest in data/ma	such services in Independent benefits of an il requirements responsible for terial produced	reimbursement against the acc qualifications of provided by UE	e above services claimed is true are ount shown, that the Payee, that the Faculty / Staff, the ntractor and have	the charges are app the services are esser	charges are authorized ropriate considering the ntial and cannot be e characteristics of an	
(PAYEE SIGNATURE)			(DATE)	(PRINCIPA	AL INVESTIGATOR	₹)	(DATE)	
SPS/NSG USE ONLY:		,						
APPROVED:			Date:	Terminal I	nput:	Invoice #:	Block:	
Forward original to Sponsored Projects Services, Ste. 211, UB Commons, or Non-Sponsored Group, 418 Crofts, North Campus. Rev. 08/19								