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:

Purchase Order #

Home Street Address:

Citizenship Status:
- ☐ U.S. Citizen
- ☐ Resident Alien
- ☐ **Non-Resident Alien — Country:

** If you check this box, refer to the NRA packet.

City and State: | Zip Code:

Business Affiliation/Street Address/City/State/Zip:

Scheduled Date(s) of Performance:

Description & Location of Intended Services (DETAILED DESCRIPTION REQUIRED):

SERVICES: COMPLETE A OR B

A. Contract Fee $ _____

or

B. Rate per Hour/Day _____ x _____ Hours/Days $ 0.00

TOTAL CHARGE FOR SERVICES $ 0.00

SPS/NSG Use Only
1099 Coding

$ _____
Fee

TRAVEL EXPENSES: WHERE APPLICABLE

Request reimbursement for non-employee travel expenses by completing the Non-Employee Travel Voucher for Research Foundation

(https://www.buffalo.edu/administrative-services/forms-catalog/procurement/travel-voucher-for-research-foundation.html)

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)

Invoice #:

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