



Accounts Payable Consultant Requisition Form

Contact Person: _____
Department: _____
Date: _____ Extension: _____

[Documentation](#)

This form is required to request consultant services, confirm funding availability and encumber the contract amount in the university accounting system for all contracts of \$1,500 or more and for honoraria or research consultation payments in excess of \$5,000.

[Documentation](#)

Vendor Name: _____	Tax ID - SSN \ ITIN \ EIN: _____
Address: _____	Visa Status <input type="radio"/> US Citizen <input type="radio"/> B2 / VWT <input type="radio"/> F-1 <input type="radio"/> Green card <input type="radio"/> B-1 / VWB <input type="radio"/> J-1 <input type="radio"/> Other _____ W-9 Required W-8BEN Required (also, may be subject to 30% withholding)
City: _____	
State: _____ Zip: _____	
Country: _____	
Work to be done <input type="radio"/> In the US <input type="radio"/> Outside the US	

Requisition

Scope of work and summary of services provided _____

Contract Dates _____	Funding Source _____
Start: _____ End: _____	<input type="radio"/> University Funded <input type="radio"/> Grant Funded

Service Costs may not exceed: _____ Expense reimbursements may not exceed: _____

Total contract amount may not exceed: _____ [Read about large contracts](#)

☐ We will use the template contract [Documentation](#) Total number of payments _____ to be charged to: _____

Account (4)	Fund (2)	DeptID (5)	Program (5)	Project/Grant (6,9)	Amount
Total:					0.00

University Approval

I have reviewed the scope of the work and estimated cost of the requested consultant services and approve this request. I understand that no work may begin until Accounts Payable approves independent contractor status and a contract is signed.

Department Head/P.I. _____ Date _____ Budget Manager or Dept Head. _____ Date _____

Dean or Assoc. VP if >\$10k _____ Date _____ Executive VP if > \$100K _____ Date _____

Grant Funded for Consultant \ honorarium in excess of \$5,000: By signing, P.I also certifies that the consultant is needed, a selection process was employed, fee is appropriate, and funds to pay are both uncommitted and approved by sponsor.

Determine Consultant Status

Vendor Name: _____

Tax ID - SSN \ ITIN \ EIN: _____

Address: _____

City: _____ State: _____ Zip: _____

Country: _____

1. Is the proposed consultant a former Brandeis employee or student?

☐ Yes ☐ No

2. Do they provide similar services to other clients and or business outside the university? Please attach a copy of their business card, copy of their advertisement. or letterhead to this form.

☐ Yes ☐ No

3. Do they engage in entrepreneurial activities in an established business, at risk for profit or loss?

☐ Yes ☐ No

4. Will they receive any training, supervision, or instruction from Brandeis University other than conveying the scope of services desired?

☐ Yes ☐ No

5. Will they be responsible for determining means and methods to use to perform services?

☐ Yes ☐ No

6. Will they provide their own supplies, equipment, forms, etc. necessary to perform services?

☐ Yes ☐ No

7. Do they maintain sufficient insurance to protect against work related injuries and damage to University property?

☐ Yes ☐ No

8. Will they set their own priorities on time, amount of effort, and hours of work to accomplish services within stated time frame?

☐ Yes ☐ No

9. How will they be paid?

☐ Hourly Rate ☐ Set Fee

10. Will they have control over hiring or supervising Brandeis University employees?

☐ Yes ☐ No

11. Is this the first time they will perform services for Brandeis University?

☐ Yes ☐ No

12. If "no" to #11, what other department(s) at Brandeis have used this consultant?

I certify that the above information is accurate and complete to the best of my knowledge.

Signature of requester: _____ Date: _____

AP use only

[C] Agreement Number _____

Encumbered amount _____ Date: _____ Name: _____

New Vendor: _____ Vendor Short Name: _____ W-9 ____ W-8BEN ____

Approved by: _____ Date: _____