THE UNIVERSITY OF MEMPHIS.

Dept Head/Higher Authority Signature

Request for Payment to Individual or Contractor

General Online Help



INSTRUCTIONS: Give two copies to Contractor. Contractor must sign and return one copy.

Complete all sections of Part I. Send original to the Accounting Office

This authorization may be used in lieu of a written contract if, and only if, the total compensation to the individual or contractor is less than \$5,000.00. Payments to the same individual or contractor for \$5,000.00 or more during a calendar year (whether fragmented or paid in a lump sum) require an obligated contract established through the Procurement and Contract Services. This form is sent to the Accounting Office any time a payment is requested to be made to an individual regardless of the amount. A form must be completed for each individual to be paid. The form is prepared by the requesting department and is used to secure approval of the authorization and to process the payment. Payments cannot be made to any University or State employee (which includes full or part-time faculty, staff) under this procedure.

autho	rization and to process the payment. Pa dure.	syments cannot be made to a	ny University or S	State employee (which include	les full or part-time	e faculty, staff) under this	3				
l. GE	NERAL INFORMATION										
This	information is necessary to complete IR	S Form 1099-MISC)									
1.	Name of Payee:										
2.	(a) U.S. Social Security Number:	OR (b) Federal	Tax ID Number:								
3.	Local Address:			0"	0.7	7					
		Address		City	ST	Zip+4					
4.	Permanent Address:	Address		City	ST	Zip+4					
5.	. Telephone Number: 6. Fax Number:										
7.	E-mail Address:										
8.	Is payee a U of M student? Yes	No									
9.	U.S. Citizen? YES If not, state country of citizenship (If payee is not a U.S. citizen, withholding may be required. Please complete IRS Form 8233 if individual is not claiming residence in U.S. or IRS Form W-9 if individual is claiming residence in U.S.)										
10.	Total Amount \$ 11. I	Index Number/Acct Code	-								
12.	Purchase Order (If no	one, Section II below must be	e completed.)								
13.	Are services being performed? Yes	No (If "Yes," comple	te Section A. If "N	lo," complete Section B.)							
SECT	FION A : Describe the services being Units of Service										
	Date Rendered (Hours/Days)	Brief Description of Serv	rices Provided (Be	e Specific)							
	Department Head/Higher Authority This is to certify that the payee ider		to perform service	es in accordance with U of M	1 Operating Proced	dure Number 2D:03:07E	3 and				
	services were rendered in accordar now be made.	nce with a contract dated	or the	Section II, "Authorization to (Contractor" and pa	ayment for services shou	blı				
			Departr	ment Name:							
	Dept Head/Higher Authority Signati	ure	Date								
	 (Complete only if check is requested I hereby request the check to be preservices have been completed in at the check is needed in advance.) 	repared in advance to give to	the contractor up entified contract o	on completion of services. I f Section II on the reverse he	certify that the che ereof. (Attach state	eck will not be released or ement explaining the rea	until ason				
	Dept Head/Higher Authority Signate	ure	Date								
SECT	FION B : Describe the purpose of the	payment									
	This is to certify that the payee identifi	ied above was authorized to	receive payment.								
			Departm	ent Name:							

Date

_	ORIZATION TO CONTRACTO		luif the total communication to the			¢5 000 \		
	This is to authorize (Contractor		ny ii, the total compensation to the	tor during a calendar year is less than \$5,000.) to perform the following services:				
	,	,	form, quality, place, size, time, p	urpose, and identificati	on of concerned University departn	nent.)		
2.	Contractor shall be compensat	ed (Rate of Compensation: h	nourly, daily, etc.)	for service	es rendered. Payment will be made	e only		
	after services have been performed. In no event shall the liability of the University under this authorization exceed \$							
3.	The Contractor within the past six months has not been and during the term of this Authorization will not become an employee of the State of Tennessee which includes full or part-time faculty, staff, student employees or graduate assistants. The Contractor shall not directly or indirectly pay any of the compensation to any officer or employee of the University or the State of Tennessee.							
4.		e excluded from participation in, or byment practices of the Contractor.						
5.	The Contractor, being an independent Contractor and not an employee of the University, agrees to protect and hold harmless the Un liability not specifically provided for in this Authorization.							
6.	The term of this Authorization i	s from	to .					
7.	This Authorization may be terminated by either party by giving written notice to the other, at least days before the effective date of termination. In that event, the Contractor shall be entitled to receive just and equitable compensation for any satisfactory authorized work completed as of the termination date.							
	Requester/Initiator Signature	Date						
	Dept Head/Higher Authority S	ignature Date						
8.	I agree and accept the terms o	f this contract and any attach	ned addendum. (Required if fee o	ver \$100.00)				
	Contractor Signature	Date	_					
	ACTOR INFORMATION FOR N US citizens, this section must be							
Country o	of citizenship		Passport number		Exp. Date			
Type of V	/isa		Dates at U	J of M: From	to			
	visits to the U.S.? Yes No lease list entry & exit dates, in		, and primary purpose on sepa	ırate sheet. Each visit	should be listed.			
Is the act	ivity to receive the honorarium to	o last more than nine (9) day	s? Yes No					
Have you	received honorariums from mo	re than five (5) organizations	in the last six (6) months? Yes	No				
U.S. Soci	ial Security #	or Federal Tax ID#						
Permane	nt Address:							

Non-U.S. citizens may be subject to 30% withholding.