TOWSON UNIVERSITY PROCUREMENT DEPARTMENT

REQUEST FOR INDEPENDENT CONTRACTOR SERVICES OVER $500

DEPARTMENT NAME: _____	PROVIDE EXPENDITURE CODES DEPT. # _____ *(5-digit No.)* ACCT # **502123** *(Consultants Other Non-Payroll)* *(6-digit No.)* FUND CODE _____ *(4-digit No.)* GRANT/PROJ# _____ ***(OPTIONAL)***

Note: All required approvals must be received before work begins. All information requested on this form is required. Payments will be authorized by an invoice from the consultant. **Miscellaneous expense vouchers are <u>not</u> acceptable.** This form may be processed alone or it may accompany a purchase order.

APPROVAL IS REQUESTED TO ENGAGE:		
Name: _____ **Address:** _____ **Email:** _____ **PH:** _____ **Occupation:** _____ **Soc. Sec. #:** _____ ***or*** **Federal ID #: If Fed ID# is provided, this form is not applicable; submit code-blocked invoice & W9 to AP as usual.**	**1.** Is payee an employee (staff or faculty)? If yes, stop and contact HR.	☐ Yes ☐ No
	2. Has payee been an employee (staff or faculty) in the past 12 months?	☐ Yes ☐ No
	3. Has this payee been utilized in the past? If so, state dates and amounts, attach sheets as necessary. ***(If consultant has not previously provided TU with services, a W9 form must be submitted.)***	☐ Yes ☐ No

4. Is the payee or beneficiary of the payment a US citizen or permanent resident alien? ☐Yes ☐No If no, forward either email address of payee, or contact the University Non Resident Alien Tax Specialist at ext. 4-5269.

5. If the payment is made to a company for goods or services, does the company have establishment in the United States? ☐ Yes ☐ No
If no, provide payee email address: _____, or call ext. 4-5269 as instructed above.

6. For the period effective _____ and ending _____ $_____ (Rate per Day) x _____ (Total # Days) = $_____ (object .02)

Description of services to be provided:

Pursuant to IRS requirements, all expenses, including travel, <u>must</u> be included in the per diem rate or total consultant fee and reported on consultant's 1099 form as it is considered "income." TU must adhere to all federal, state, and local tax withholding and reporting requirements.

7. Justification for requesting services from Outside Source:

8. Describe payee's qualifications:

9. Is fee fair and reasonable? ☐ Yes ☐ No

Contact Name: _____ Title: _____ ext. _____

To insure prompt payment for the Consultant, this request should be received in Procurement 40 DAYS PRIOR TO the effective date of performance.

In accordance with the nepotism policy of the University, the engaging department hereby verifies that <u>if</u> the Consultant is related to a member of faculty or staff, a "Supervisor-Subordinate" relationship DOES NOT exist between The Consultant and any member of the engaging department.

Approvals Required before submitting:

_____ _____
Department Head's Signature Date

_____ _____
Vice President/Dean's Signature Date

_____ _____
Budget Office – Funds are Available Date

_____ _____
Procurement Department Date

Provide 2 forms. Sign both and forward to Procurement.
<u>Copy 1</u> – Accounts Payable **<u>Copy 2</u> – Procurement –** ***Procurement Office will notify Department when approved)***