

**NORTHWESTERN UNIVERSITY**  
**Contracted Services Form For Non Residents**

Name of Contractor		Social Security Number or Individual Tax Identification Number	
Local Address of Contractor (List Hotel or Lodging Information)			
No & Street		Apartment	
City			
State	Zip Code	Country	
Sex: <input type="checkbox"/> Female <input type="checkbox"/> Male		Country of Residence	
VISA: <input type="checkbox"/> F1, <input type="checkbox"/> J1, <input type="checkbox"/> H1, <input type="checkbox"/> B1/B2, <input type="checkbox"/> VWB/VWP, <input type="checkbox"/> Other		Country of Citizenship	
<b>Summary of Contractual Services:</b>			
Rate of Pay	Or Flat Fee	Period of Service	

**Contractor's Acknowledgement**

I understand that payment will not be issued until performance and completion of the contracted services, and that the date of payment cannot be prior to the work completion date. I understand that agreed upon expenses will not be reimbursed unless I complete a Travel Expense Report and attach original receipts.

I certify I have not been paid as an employee of Northwestern within the last twelve months. I understand that this payment does not include any employment benefits.

Signature of Contractor	Date
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**Additional Acknowledgement for B1, B2, VWT, VWB Visa Holders**

1. The activities will last no longer than 9 days at Northwestern University.
2. I have not accepted honoraria and incidental expenses as a B1/B2/WT/WB visitor from more than 5 institutions or organizations in the previous 6 months.

Signature of Contractor	Date
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**University Approvals** This section must be completed when payment is requested by the department  
(missing information will result in delayed payment)

Date Services Started:		Department Name & Code:			Name of individual completing form (department contact):
Date Services Completed:		Check Address Code:			Contact Phone Number:
Accounting	Fund	Area	Org	Object Code	Amount
Services				5011	\$
Reimbursable Expenses				5016	\$

I approve the payment for services and expenses noted above. The cost was incurred in conformance with the policy on Independent Contractors and Consultants dated May 10, 1999. If charged to a Sponsored Project account, it is understood and agreed that these expenditures are subject to review and audit and if found to be unallowable, they will be transferred to a non-sponsored departmental account. The payment requested includes only the expenses associated with the contracted services, is not in payment of honorarium or for subsistence, and is not in avoidance of immigration restrictions, Affirmative Action requirements, payment of fringe benefits, statutory taxes, fees, insurance premiums or any other applicable statutory employment regulation.

Principal Investigator or Hiring Representative Signature	Date
School or Center	Date
ASRSP	Date