

Contracted Services Form for Non-Residents



NORTHWESTERN
UNIVERSITY

Requestor Information

Department:
 Department Code:
 Check Address Code:
 Requestor:
 Phone:
 Email: @northwestern.edu

Services start date:

Services completion date:

This form must be completed each time services are rendered by an individual consultant or independent contractor.

Contractor Information

Name:	Period of Service From:	To:
U.S. address or use hotel or lodging information	Rate of Pay	
No & Street:	Or Flat Fee:	
Apartment:		
City, State Zip:		
Description of Services:		

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 Visitor 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.

Contractor Signature: _____ **Date:** _____

Additional Acknowledgement for B-1/B-2 or WB/WT (visa waiver)

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

Contractor Signature: _____ **Date:** _____

University Payment Request

Expense Item	Fund	Dept	Project	Act	Program	Acct	Amount
Services						75011	
Reimbursable Expenses						75016	
Total Payment							

University Approvals

I approve the payment for services and expenses noted above. The cost was incurred in conformance with the current HR policy on Independent Contractors and Consultants on the Northwestern web site. 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.

Approver	Name (print)	Signature	Date
Principal Investigator or Hiring Representative			
School or Center			
OSR or Controller			