

Contracted Services Form for U.S. Residents			Request #:	ATH
 <b>NORTHWESTERN UNIVERSITY</b>	<b>Requestor:</b>	Rob Lichten		<b>Voucher #:</b>
	<b>Department:</b>	Athletic Department		<b>Payee ID:</b>
	<b>Dept Code:</b>	ATH	<b>Request Date:</b>	08/20/18
	<b>Phone:</b>	847-491-4657		
	<b>Email:</b>	r-lichten@northwestern.edu		
				<b>Check Handling</b> <input type="checkbox"/> Mail <input type="checkbox"/> Mail with Enclosure Hold for Pick Up: <input type="checkbox"/> Evanston <input type="checkbox"/> Chicago

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

#### Contractor Information

Name: Benny Sherman	Period of Service	From: 08/16/18	To: 08/18/18
Address Line 1: 1501 Sherman Ave	Rate of Pay or Flat Fee: <b>\$250</b>		
Address Line 2:			
City, State Zip: Evanston, IL 60208			
Summary of Contracted Services (30 chars max): Benny was a speaker for our student athletes during a 3 day seminar			
Additional Description of Services (for sponsored project, also describe the benefit to the award):			
Benny was a speaker for our student athletes during a 3 day seminar that informed them on healthy eating habits to fuel their bodies.			

#### 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 or tax deductions and that the payment of these is my responsibility.

Contractor Signature: Benny Sherman Digitally signed by Benny Sherman  
Date: 2018.08.19 18:08:09 -05'00' Date: 8-19-18

#### University Payment Request

Expense Item	Fund	Dept	Project	Act	Acct	Amount
Services	110	2000100				\$ 250.00
Services						
Services						
Reimbursable Expenses					75015	
Total Payment						\$ 250.00

#### 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	Willie Catz	Willie Catz <small>Digitally signed by Willie Catz Date: 2018.08.19 18:09:23 -05'00'</small>	8-19-18
School or Center			
OSR or Controller			