

<b>Contracted Services Form for U.S. Residents</b>			Request #:
<b>Northwestern</b>	Requestor:		Payment Request #
	Department:		Payee ID:
	Dept Code:	Request Date:	<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
	Phone:		
	Email:		

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:
Address Line 1:	Rate of Pay or Flat Fee:	
Address Line 2:		
City, State Zip:		
Additional Description of Services (for sponsored project, also describe the benefit to the award):		

**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: \_\_\_\_\_ Date: \_\_\_\_\_

**University Payment Request**

Services start date: \_\_\_\_\_ Services completion date: \_\_\_\_\_

Expense Item	Fund	Dept	Project	Act	Program	CF1	Acct	Amount
Services							75010	
Reimbursable Expenses							75015	
Other (description):								
Travel Expenses (from Visitor Expense Report)								
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			