

Independent Contractor's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SSN / ITIN: \_\_\_\_\_

U.S. Address: \_\_\_\_\_ City, State, Zip Code: \_\_\_\_\_

**Please indicate description of services:** Lecture Presentation  
Consulting Other

\_\_\_\_\_

\_\_\_\_\_

**Dates of Services:**  
**1. From:** \_\_\_ / \_\_\_ / \_\_\_\_\_ **to:** \_\_\_ / \_\_\_ / \_\_\_\_\_ **2. From:** \_\_\_ / \_\_\_ / \_\_\_\_\_ **to:** \_\_\_ / \_\_\_ / \_\_\_\_\_

**Department to be charged \*** \_\_\_\_\_ **\***

I certify to the best of my knowledge that the above information is correct and that the services have been performed.

Department Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Payment authorization to be completed by the Non-Resident Alien Tax Specialist:**

Contractor has completed Standard Voucher or Payment Request.

Contractor has completed GD-5 form.

Contractor completed the Determination of Residency Status for Tax Purposes form and other applicable supporting documents as required.

It is determined that that contractor is currently on the State Payroll System and should be paid as an employee.

Gross amount to be paid to Contractor: \_\_\_\_\_  
*Please Note that Applicable Taxes Will be Deducted from the Gross Amount*

Authorized Signature: \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_

College: \_\_\_\_\_

**Payroll:**

Process Date: \_\_\_ / \_\_\_ / \_\_\_\_\_ Check date: \_\_\_ / \_\_\_ / \_\_\_\_\_ By (initials): \_\_\_\_\_