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**NORTHWESTERN UNIVERSITY
Contracted Services Form for Residents**

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

NAME OF CONTRACTOR	SOCIAL SECURITY OR TAX NUMBER
ADDRESS OF CONTRACTOR	PERIOD OF SERVICE
SUMMARY OF CONTRACTED SERVICES: <i>READER'S REPORT :</i>	RATE OF PAY OR FLAT FEE

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

SIGNATURE OF CONTRACTOR	DATE
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University Approvals

This section to be completed when payment is requested:						
DATE SERVICES START				DATE SERVICES COMPLETED		
EXPENSE ITEMS FOR REIMBURSEMENT				EXPENSE (from T&E) AMOUNT		
				TOTAL PAYMENT		
ACCOUNTING	FUND	AREA	ORG	OBJECT	PD No.	AMOUNT
SERVICES				5010		
REIMBURSABLE EXPENSES				5015		

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 <i>DAVID ABRAHAMSON</i>	DATE
SCHOOL OR CENTER	DATE
ORSP OR CONTROLLER	DATE

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Northwestern University Vendor Code Request Form for INDIVIDUALS

Use this form to ADD or UPDATE information for U.S. non-employees to be paid through Accounts Payable in the financial system. First determine if the individual should be processed through Payroll instead; see below. Confirm that a vendor code does not already exist and/or verify the accuracy of data already entered. Errors in the vendor database may result in financial liability to the payee and the department requesting payment. This form must be **completely** filled in and legible, and must include the correct SSN or TIN. If completed correctly, entry into the system will be up to two (2) working days. Fax or mail this form to POPS. The following guidelines are important:

- This form must be completed and signed by each U.S. citizen/U.S. resident requesting payment, including students, except employees
- Requests to add employees may be submitted in writing via E-mail or fax, including the information shown below.
- Payments to NON-RESIDENT ALIENS must be processed through Payroll; vendor codes will not be established.
- Except for reimbursements for business expenses, ALL EMPLOYEES providing services in addition to their regular job responsibilities MUST be processed through Payroll. *Contact Payroll at 1-7362 for more information.*
- Codes for companies (FEIN) should be requested via e-mail or fax to POPS; or using the 'Vendor Code Request Form for Companies' which enables multiple vendor code requests per page: <http://nuinfo.nwu.edu/finsys/policydoc/venmenu.htm>

For additional information see the Financial Systems website at <http://www.nwu.edu/finsys/policydoc/plymenu.htm> or contact POPS.

1. Identification number, name, and address. (REQUIRED INFORMATION)

- ➡ Social Security Number (SSN) or Taxpayer Identification Number (TIN) = _____ - _____ - _____
- ➡ Name= _____
- list the last name first and then as much of the first name that fits
- ➡ Address= _____

- ➡ City= _____ State= _____ Zip= _____ - _____
- ➡ Telephone Area Code= _____ Number= _____ - _____ Extension= _____
- ➡ Fax Area Code= _____ Number= _____ - _____

2. Signature and Payment Information (REQUIRED INFORMATION)

"I attest that I am a U.S. citizen or U.S. resident."

- ➡ Signature _____
The signature of the individual to be added to the vendor database is required.
- Purpose of payment= Consulting/Speaker Fees/Services Honorarium Reimbursement Other
- Description READERS REPORT: _____

3. Responsible Department Information. (REQUIRED INFORMATION)

Name= _____ Department= NU PRESS

Date= _____ Phone= _____ Fax= _____

For POPS use only. HRIS review _____ Date processed= ____/____/____ Initials= _____ Rev 5/99