**THE UNIVERSITY OF MISSISSIPPI**

**PAYMENT FOR SERVICES AS A CONTRACTOR**

**PLEASE PRINT ALL INFORMATION**

**Attach a W-9 tax form if you are a new vendor!**

Name (Please Print): Vendor # or Tax ID #:

Mailing address for check (Please Print): Employer: (Where are you regularly employed?)

Phone number (include area code): E-mail address:

Have you ever been paid by the University as a Are you a US citizen? YES NO

Contractor? YES NO If NO, STOP! A Form 13S must be approved by the Office

If NO, you must complete and attach a W-9 form. of International Programs and attached to this form.

Are you a current UM Employee: YES NO

If YES, STOP! Employees cannot be paid as contractors.

Are you a current UM student: YES NO

If YES, STOP! UM students should not be paid as contractors.

Are you related to a University Employee: YES NO

If YES, name, department, & relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you retired and currently receiving benefits from PERS? YES NO

Have you been paid for services performed for the University during the past three months? YES NO

Will the University set the number of hours and/or days per week that you are required to

work as opposed to allowing you to set your own schedule? YES NO

Will the department provide you with specific instructions or training regarding performance

of the required work rather than rely on your expertise? YES NO

Do you provide the same or similar services to other entities or to the general public as part

of a trade or business? YES NO

Will the University provide tools and materials? YES NO

Dates of Service: Rate of Compensation:

Description of Services Provided:

I certify that the information above is true and accurate as of the date services were provided.

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Contractor’s Signature Date

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*TO BE COMPLETED BY UM DEPARTMENT\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

Is this related to a sponsored research project? YES NO **Total Compensation: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Written Contract for Services? (Encouraged if over $5,000) YES NO Fee for Services: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YES, attach copy of executed contract. Stipend (No Services): $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Invoice/expense receipts provided by contractor? YES NO Expense Reimbursement: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_

IF YES, attach **original** invoice/receipts. UM Account Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**Approved by University of Mississippi Representative** **Date**