

**THE UNIVERSITY OF MISSISSIPPI
PAYMENT FOR SERVICES AS A CONTRACTOR
PLEASE PRINT ALL INFORMATION**

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 Contractor? YES NO If NO, you must complete and attach a Vendor Application.	Are you a US citizen? YES NO If NO, STOP! A Form 13S must be approved by the Office 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:
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Description of Services Provided: _____

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

Contractor's Signature	Date
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*******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: _____

Approved by University of Mississippi Representative	Date
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*UM Dept: After creating the E-Form 13, notate the form # above, attach all required documentation, and submit this form to Procurement Services for payment.