

# INDEPENDENT CONTRACTOR FORM

DOC ID #



The Research Foundation of SUNY

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<b>To be completed by contractor</b>			
Full Name		Street	
City		State and Zip Code	
Home Phone:	Campus Phone:	RF Employee? Yes <input type="checkbox"/>	No <input type="checkbox"/>
Check if: ( ) Sole proprietor/Individual		TIN/SSN	
( ) Corporation		Citizenship Status ( ) US Citizen ( ) Resident Alien	
( ) Other form of business (specify)		( ) Non Resident Alien (Visa/NAFTA status/Country)	
<b>I certify that the information above is correct</b>			
Signature of contractor			Date

<b>To be completed by PI</b>				
Project #	Task #	Award #	Expenditure Type	Organization
Estimated Reimbursement				
Fee \$	Expenses \$	Total \$		
Scheduled dates of performance			Country where services are performed	
Description of services to be performed:				
Criteria for the classification of the person as an independent contractor				
Contractor Selection Criteria:				

<b>CERTIFICATION OF THE PROJECT DIRECTOR</b>		
I certify that the work to be performed is essential to the project, that the services cannot be provided by any other person receiving salary support under the grant, and that the rate is appropriate based on the qualification of the selectee and the nature of the work to be done		
Name of Project Director (print)	Signature of Project Director	Date
Fiscal Designee Approval	Date	

After the consultant has performed the services, please provide the Research Foundation with an invoice so the consultant can be paid.

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