



PAYMENT OF SERVICES

411 S.W. 24th Street * San Antonio, Texas 78207-4689 * Phone (210) 434-6711, ext. 2349

INDEPENDENT CONTRACTOR

VENDOR	
Pay To _____	
Address _____	
City _____	State _____
Zip Code _____	Phone _____

ACCOUNTS PAYABLE USE ONLY	
Purchase Order No. _____	
Voucher No. _____	
Vendor No. _____	
Check No. _____	Date _____

Requestor Use Only						
Department _____	Account Description	Budget No.				Amount
		xx	xxxx	xxxxxx	xx	
Extension _____						\$
Requested By _____						

PROCESSING

☐ Encumber Only-Check will be requested later with invoice

☐ Pay-Invoice attached

☐ Pre Pay-Invoice/Receipt will be provided later

CHECK DISBURSEMENT:

☐ By Mail

☐ Pick-up at Cashier

Division/Administrative Approval _____

Date _____

IN PERFORMING THE ABOVE SERVICES, IT IS UNDERSTOOD AND AGREED THAT:

1. The Contractor is engaged as an **independent contractor** and will be **responsible** for any **federal or state taxed applicable to this payment**.
2. The Contractor will **not be eligible for any federal social security, industrial accident, or unemployment insurance benefits** from this contract payment, **except** as a **self-employed individual**.
3. If this payment is to be charged against federal funds, the Contractor certifies that he or she is not currently employed by the federal government and the amount charged does not exceed the normal charge for the type of service performed.
4. The institution will report the **total amount of all payment applicable, including any expenses**, in accordance with **Federal Internal Revenue Service rules**.

A COMPLETED IRS FORM W-9 MUST BE ON FILE BEFORE PAYMENT IS ISSUED.

MY SIGNATURE BELOW INDICATES AGREEMENT TO THESE TERMS.

DESCRIPTION & DATE OF SERVICES	
_____ (SOCIAL SECURITY NUMBER)	_____ (INDEPENDENT CONTRACTOR'S SIGNATURE)