



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 | |
| Extension _____ | | | | | \$ |
| Requested By _____ | | | | | |
| | | | | | |

PROCESSING

CHECK DISBURSEMENT:

- Encumber Only-Check will be requested later with invoice
- Pay-Invoice attached
- Pre Pay-Invoice/Receipt will be provided later

- 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) |
|-----------------------------------|---|