## Request for Independent Services And Payment Authorization

THIS SECTION TO BE COMPLETED BY AN AUTHORIZED UNIVERSITY EMPLOYEE								
☐ Guest Lecturer ☐ Prize/Award (define Course/Event below)								
☐ Panelist, Workshop or Conference Participant ☐ Perfo					rmer (define Course/Event below)			
□ Other (def	ine services p	provided belov	w)					
	Name of	Payee:		Fee due per Session: \$				
Course, Event or Other:								
Course Number(s):								
		. ,						
THIS SECTION TO BE COMPLETED AND CERTIFIED BY PAYEE								
Information you provide below will be presented to an IRS agent, if requested, during an IRS audit.								
Legal Name of Payee: Is payee/entity incorporated? $\square$ Yes $\square$ No								
Address: State:								
Telephone #: E								
Enter <u>one</u> of the following: (Print the taxpayer identification number that the IRS assigned to the legal name indicated above.)								
Social Security Number or TIN:								
- or -								
Federal Taxpayer Identification Number:								
Check one of the following:								
□ I am a resident of the United States for tax purposes.								
□ I am a non-resident for tax purposes. (Please attach a completed Substitute W-8 Form)								
Check all that apply:								
☐ I am currently/was previously a Mercy College employee. Employment Dates:								
☐ I am currently/was a full-time student at Mercy College. Graduation Date:								
I certify that I have provided accurate information as requested above. I am an independent contractor of Mercy College and,								
therefore, receive no employee benefits, including, but not limited to, medical insurance, New York disability, and Worker's								
Compensation insurance, etc. Further, I am personally responsible for payment of all taxes, including social security, state and local								
taxes, attributable to me receipt of an award from or compensation for work performed at, or on behalf of, Mercy College.								
Signature of Payee: Date:								
THIS SECTION TO BE COMPLETED ONLY AFTER SERVICES HAVE BEEN RENDERED								
Accounting Distribution: (Index or Fund-Organization-Account-Program required. Activity-Location are optional.)								
Index	Fund	Organization	Account	Program	Activity	Location	Distribution Amount	
macx	Tunu	Organization	necount	rrogram	Activity	Location	\$	
							\$	
							\$	
					Total Amount Due:		\$	
Total Amount Buc.								
Re	questor Signa	ture:		Extension:Date:				
Dep	ture:		Extension:Date:					
Dean/Budget Signature:					Extension:Date:			