MERCY COLLEGE

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
□ Performer (define Course/Event below)
□ Other (define services provided below)

Name of Payee: _____ Fee due per Session: $_____

Course, Event or Other: _____ Date of Service: _____

Course Number(s): _____ Is course offered for credit? □ Yes □ No

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? □ Yes □ No

Address:_____

City:_____ State:_____ Zip Code:_____

Telephone #:_____ Email:_____

Enter one 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
							$
							$
							$
						Total Amount Due:	$

Requestor Signature:_____ Extension:_____ Date:_____

Dept. Head Signature:_____ Extension:_____ Date:_____

Dean/Budget Signature:_____ Extension:_____ Date:_____