

**NORTHWESTERN UNIVERSITY
Contracted Services Form for Residents**

This form must be completed each time services are rendered by an individual consultant or independent contractor.

NAME OF CONTRACTOR	SOCIAL SECURITY OR TAX NUMBER
ADDRESS OF CONTRACTOR	PERIOD OF SERVICE
SUMMARY OF CONTRACTED SERVICES:	RATE OF PAY
	OR FLAT FEE

Contractor's Acknowledgement

I understand that payment will not be issued until performance and completion of the contracted services, and that the date of payment cannot be prior to the work completion date. I understand that agreed upon expenses will not be reimbursed unless I complete a Travel Expense Report and attach original receipts.

I certify I have not been paid as an employee of Northwestern within the last twelve months. I understand that this payment does not include any employment benefits or tax deductions and that the payment of these is my responsibility.

SIGNATURE OF CONTRACTOR	DATE
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University Approvals

This section to be completed when payment is requested:						
DATE SERVICES START				DATE SERVICES COMPLETED		
EXPENSE ITEMS FOR REIMBURSEMENT				EXPENSE (from T&E) AMOUNT		
				TOTAL PAYMENT		
ACCOUNTING	FUND	AREA	ORG	OBJECT	PD No.	AMOUNT
SERVICES				5010		
REIMBURSABLE EXPENSES				5015		

I approve the payment for services and expenses noted above. The cost was incurred in conformance with the policy on Independent Contractors and Consultants dated May 10, 1999. If charged to a Sponsored Project account, it is understood and agreed that these expenditures are subject to review and audit and if found to be unallowable, they will be transferred to a non-sponsored departmental account. The payment requested includes only the expenses associated with the contracted services, is not in payment of honorarium or for subsistence, and is not in avoidance of immigration restrictions, Affirmative Action requirements, payment of fringe benefits, statutory taxes, fees, insurance premiums or any other applicable statutory employment regulation.

PRINCIPAL INVESTIGATOR OR HIRING REPRESENTATIVE SIGNATURE	DATE
SCHOOL OR CENTER	DATE
ORSP OR CONTROLLER	DATE