

TEXAS A&M RESEARCH FOUNDATION
dba Prairie View A&M Research Foundation
dba The Texas A&M University System Health Science Center Research Foundation
INDEPENDENT CONTRACTOR INVOICE

Date: _____ TAMRF Account No.: _____

Name: _____ U.S. Social Security No.: _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Email Address: _____ Daytime Telephone No.: _____

UIN (Texas A&M University System Students and Employees Only): _____

Dates of Services Performed (Month/Day/Year): _____

Brief Description and Location of Services: _____

Description of Payment Rate (i.e. rate per day, fixed amount per task, etc.): _____

Total Amount of Payment Due: _____

CERTIFICATION:

I certify that the work was performed on my own time as an independent contractor and not as an employee of the Texas A&M Research Foundation. I do not receive salary or wage support from The Texas A&M University System, and System resources were not used for this work.

Signature

APPROVAL:

I certify that these costs were incurred to meet the research objectives for the referenced account and are properly chargeable to this account.

Principal Investigator's Signature

Date

FOR TAMRF USE ONLY:

Project Administrator's Signature

Date

Independent Contractor Status Approved

Expense Code: 5550

REVIEWED:

TAMRF Glacier Administrator's Signature

Date

1099 Form Required

W-9 Form received if individual is is a U.S. citizen or legal permanent resident alien (green card holders).

W-8BEN Form received if individual is not a U.S. citizen or legal permanent resident alien (green card holder) and work is being performed outside the United States.

The individual is not a U.S. citizen or legal permanent resident alien (green card holder) and work is being performed in the United States.