

**CONTRACTED PERSONAL SERVICES**

**INSTRUCTIONS:** Allow at least 10 working days for processing payment of U.S. Citizens.  
Allow 30 days for payment to Non-U.S. Citizens.  
DO NOT use this form for travel reimbursement.

Select As Applicable:       UNCG Employee       Medical/Health Care       State Employee (Non-UNCG)  
                                           UNCG Student       Federal Employee  
                                           Other      Individual Receiving State      \_\_\_\_\_  
                                               Retirement Benefit      Name of State Agency

Select One:     U. S. Citizen or Legal Permanent Resident     Non-Res. Alien (Must attach for NRA 001 and IRS form 8233)

**PERSONNEL DATA**

Name: First	Middle	Last	Tax ID (SSN)	Date mm/dd/yyyy
Permanent Mailing Address (resident if individual)			City	State
Permanent Mailing Address (continued)			Country	1099

**PROGRAM DATA**

Program Participating In			Work Done in what State	
Dates of Participation - Beg mm/dd/yyyy	End mm/dd/yyyy	Basis of Fee		
		/      X      /		
Type of Service Rendered				
Contract Title	Contract Number	Contract Start Date - MM/YY	Contract End Date - MM/YY	

**Certification:**

I understand this information may be reported to the Internal Revenue Service and may be subject to Self Employment Tax.  
Under penalties of perjury, I certify that:

- 1) The number shown on this form is correct taxpayer identification number, and;
- 2) I am not subject to withholding because: a) I am exempt from backup withholding, or b) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends, or c) the IRS has notified me that I am no longer subject to backup withholding

Certification Instructions: You must cross out the second certification listed above if you have been notified by IRS that you are currently subject to backup withholding because of underreporting interest or dividends on your tax return.

\_\_\_\_\_  
Signature of Payee

Document #:	Vendor #:	Invoice Date:	Trans Date:	Addr C/S:	Due Date:	Bank Code:

**Fund/Account to be Charged:**

Vendor Invoice:	Description	COA	Fund	Account	Amount
		<b>G</b>			

I certify that the above services were rendered satisfactorily and the payee is an independent contractor according to University Acct. & Bud. Policy 7.4.

\_\_\_\_\_  
Dept. Head/Prin. Investigator      Date

\_\_\_\_\_  
C&G Office Approval      Date

\_\_\_\_\_  
Prepared By      Date

\_\_\_\_\_  
School/Department      Campus Phone