

The University of Kansas  
**CONTRACTUAL SERVICES FORM**

Department/Unit Name

Department/Unit Mailing Address

Department/Unit Phone #

This form is to be used to obtain the signature of an individual who is to be paid a fee for a lecture, consultation, participation or other contractual service that qualifies for payment by voucher. Contractual services payments are to be paid as a single sum directly to the contractor. This payment includes all agreed upon amounts for fees, and reimbursement of travel, lodging, meals, and other related expenses. Direct payment to travel agencies and lodging establishments on the contractor's behalf are allowed. **Please complete the back of this form first. Only complete the front if results indicate you are to treat the service provider as an Independent Contractor. Note: No high school students may be hired as an independent contractor. If the person is under 18, contact the Comptroller's Office for guidance.** After completion, please attach to a completed voucher transaction log and submit to Accounts Payable for processing.

**CONTRACTOR CERTIFICATION**

Name \_\_\_\_\_

Taxpayer Identification Number (if a business) \_\_\_\_\_

Or Social Security Number (if an individual) \_\_\_\_\_

Home Address \_\_\_\_\_

Amount of fee to be paid \$ \_\_\_\_\_ Date(s) service provided \_\_\_\_\_

Location service will be provided (i.e. Lawrence campus) \_\_\_\_\_

Description of service \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contractor's signature \_\_\_\_\_ Date \_\_\_\_\_

**DEPARTMENT/UNIT CERTIFICATION**

Department/Unit Number and Name \_\_\_\_\_

Certification: The services described above have been received and payment is to be made from the account shown above.

Department/Unit Signature \_\_\_\_\_ Date \_\_\_\_\_

**This part is completed by department personnel only**

**Part I—Employment Status**

	<b>Yes</b>	<b>No</b>
1. Is the individual a high school student or under 18 years of age? If answer is “yes”, stop. Contact Comptroller’s Office for guidance		
2. Does the individual currently work for any campus of the University of Kansas? If answer is “yes”, treat as employee.		
Note: If services provided by the individual are that of a teacher, lecturer, or instructor, continue with Part III now, otherwise, complete Part II		

**Part II—Service Provider Information**

	<b>Yes</b>	<b>No</b>
1. Will the department provide the individual with specific instruction regarding performance of the required work rather than rely on the individual’s expertise?		
2. Will the department provide tools, supplies, additional labor, and space to perform the work?		
If the answer to both questions 1 and 2 is “yes”, then treat as an employee. Otherwise continue to question 3.		
3. Will the individual perform the services on a continuing basis as part of the department’s ongoing operations? If answer is “yes”, treat as employee.		
4. Does the individual provide the same or similar services to other entities or to the general public as part of a trade or business? If answer is “yes”, treat as independent contractor. If answer is “no”, treat as an employee.		

**Part III—Teachers, Lectures, & Instructors**

	<b>Yes</b>	<b>No</b>
1. Is the individual a “guest lecturer” (e.g. an individual who lectures only a class sessions)? If answer is “yes”, treat as independent contractor. If answer is “no”, go to question #2.		
2. Is the individual teaching courses for which students receive credit toward a University degree? If answer is “yes”, treat as independent contractor. If answer is “no”, go to question #3.		
3. Does the individual provide the same or similar services to other entities or to the general public as part of a trade or business?		
4. In performing instruction duties, will the individual primarily use course materials that are created by or selected by the individual?		
If the answer to both questions 3 and 4 is “yes”, then treat as an independent contractor and complete part IV. Otherwise, treat as an employee.		

**Part IV—Must Be Completed for All Independent Contractors**

	<b>Yes</b>	<b>No</b>	<b>Visa type (F1, J1, etc.)</b>	<b>Country of residence</b>
1. Is the individual a foreign national? If “yes,” provide visa type & country of residence & continue to question 2. If “no”, return to front of form and continue.				
2. Does the individual have an alien registration card (“green card”)? If “yes”, attach a copy. If “no”, taxes may be withheld from payment at the rate of 35%. Individuals may certify a claim for tax treaty exemption from withholding by attaching a completed form 8233—Exemption from Withholding on Compensation for Independent Personal Services of a Nonresident Alien Individual.				
3. When Part IV is complete, return to front of form and continue.				