



## INDEPENDENT CONTRACTOR SERVICES FORM

**Name and Address of Contractor:**

(Legal Name):	(Street):
(City):	(State & Zip Code) :
(Telephone):	(Email):

Please check  Individual/Sole Proprietor  Corporation  Other Form of Business (specify) \_\_\_\_\_

Citizenship Status:  U.S. Citizen  Resident Alien  
 Non-Resident Alien (Visa/NAFTA Status \_\_\_\_\_, country of \_\_\_\_\_)

Project	Task	Award	Expenditure Type	Organization

**Estimated Reimbursement**

Fees \$ \_\_\_\_\_ Expenses (if any): \$ \_\_\_\_\_ Total: \_\_\_\_\_

**Scheduled Dates of Service:****Location for Services:****Description of Services to be offered:**

\*After the Consultant has performed their services, please provide the Research Foundation with a *signed and dated* invoice emailed to [RF-Purchasing@buffalostate.edu](mailto:RF-Purchasing@buffalostate.edu) for payment.\*

\*Anyone who is a SUNY employee or gets paid by the Research Foundation at any SUNY College cannot be a Consultant.\*