



## 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.\**

*Updated 2/1/26*