



INDEPENDENT CONTRACTOR SERVICES FORM

Name and Address of Contractor:

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

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 _____)

*I certify that the information above is correct: Signature: _____ Date: _____

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:****CERTIFICATION OF THE PROJECT DIRECTOR**

I certify that the work to be performed is essential to the project that the services cannot be provided by any other person receiving salary support under the grant, and that the rate is appropriate based on the qualifications of the selectee and the nature of the work to be done.

Signature of Project Director

Date

Grants Approval:**AP Approval:**

After the Consultant has performed their services, please provide the Research Foundation with an invoice for payment.
Anyone who is a SUNY employee or gets paid by the Research Foundation at any SUNY College cannot be a Consultant.