

**Contractual Services Form
 Services Performed by Individuals**

Use this form for an individual that is paid a fee for consulting services, contractual labor, honorariums, meeting participation, or other service. The individual's travel must be included on this form. For additional information classifying the individual as an Independent Contractor vs. Employee, refer to policy [Payments to Independent Contractors](#). If the individual is a Nonresident Alien, refer to [Policy Payments to Non-Employee Nonresident Aliens](#).

Vendor Certification

Type of Service **Meeting Participation** Vendor is a Nonresident Alien? Yes No

Department has a signed contractual agreement on file? Yes No

Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Date of Service Provided _____

Detailed description of service provided:

Amount Due: \$ _____

I certify that I am acting as an independent contractor and am not employed by KUMC, KUMC-RI, or its affiliates

Vendor Signature _____ Date _____

Department Certification

I certify the services described above have been performed and approved to pay.

Department Signature _____ Date _____ Phone _____