

# TEXAS A&M UNIVERSITY SYSTEM SPONSORED RESEARCH SERVICES

MEMBER: \_\_\_\_\_

## INDEPENDENT CONTRACTOR INVOICE

Date: \_\_\_\_\_ Account No.: \_\_\_\_\_

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

Email Address: \_\_\_\_\_ Daytime Telephone No.: \_\_\_\_\_

UIN (Texas A&M University System Students and Employees Only): \_\_\_\_\_

Dates of Services Performed (Month/Day/Year): \_\_\_\_\_

Brief Description: \_\_\_\_\_

Location of Services: \_\_\_\_\_

Description of Payment Rate (i.e. rate per day, fixed amount per task, etc.): \_\_\_\_\_

Total Amount of Payment Due: \_\_\_\_\_

### CERTIFICATION:

These services will be performed either by me, or by persons employed by me. I agree neither I, nor any person employed by me is an employee of the contracting agency or member of The Texas A&M University System, and that neither my name, nor the name of any person employed by me will appear on the payroll.

I further agree I am an independent contractor, and neither I, nor any person employed by me will be eligible for workers' compensation insurance, unemployment compensation, or any other employee benefit available from The Texas A&M University System.

I further certify I am not a State of Texas or federal employee or elected official.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### APPROVAL:

The services provided by this Independent Contractor are 1) essential and cannot be provided by persons receiving salary support under the sponsored agreement or otherwise compensated for their services, 2) a selection process has been employed which sustains that the payee is the most qualified individual available, considering the nature and extent of the services required, 3) the fee is appropriate, 4) an approved SRS Independent Contractor Status is attached which supports the first three standards, 5) the Independent Contractor (is) (is not) specifically named and approved in the sponsored agreement, and 6) these costs were incurred to meet the research objectives for the sponsored agreement and are properly chargeable.

\_\_\_\_\_  
Principal Investigator's Signature

\_\_\_\_\_  
Date

### FOR SRS USE ONLY:

Independent Contractor Status Approved

Object Class Code \_\_\_\_\_