TEXAS A&M UNIVERSITY SYSTEM SPONSORED RESEARCH SERVICES

MEMBER: ____

INDEPENDENT CONTRACTOR INVOICE

Date:	te: Account No.:				
Name:					
Mailing Address:				-	
City:	State:	Zip Code:	Country:	_	
Email Address:		Daytime [·]	Telephone No.:	_	
UIN (Texas A&M University System Stu	ıdents and Employee	es Only):		_	
Dates of Services Performed (Month/D	Day/Year):			-	
Brief Description:				_	
Location of Services:				_	
Description of Payment Rate (i.e. rate	per day, fixed amour	nt per task, etc.):		-	
Total Amount of Payment Due:					
	ent compensation, or	r any other employe	y person employed by me will be eligible for workers' ee benefit available from The Texas A&M University		
Signature		Date			
under the sponsored agreement or oth sustains that the payee is the most qua fee is appropriate, 4) an approved SRS	nerwise compensate alified individual avai Independent Contra ecifically named and	d for their services, a ilable, considering the actor Status is attach approved in the spo	not be provided by persons receiving salary support 2) a selection process has been employed which the nature and extent of the services required, 3) the hed which supports the first three standards, 5)the consored agreement, and 6) these costs were incurred y chargeable.	t	
Principal Investigator's Signature		Date			
FOR SRS USE ONLY:	Independent Contra	actor Status Approve	red		
	Object Class Code _				