



**University at Albany  
Independent Contractor  
Payment Request Form**

<b>Individual's Name</b>			<b>Taxpayer ID (SSN/TIN)</b>	
<b>Address 1</b>				
<b>Address 2</b>				
<b>City</b>		<b>State</b>		<b>Zip Code</b>
<b>Dates(s) of Service</b>	<b>Description of Service(s) Completed (Attach additional and invoice as appropriate)</b>			
<b>Charges are to be processed as follows:</b>			<b>Payment: \$</b>	<b>Purchase Order</b>
<b>Project</b>	<b>Task</b>	<b>Award</b>	<b>Expenditure Type</b> GNS	<b>Organization</b> 010
<b><u>Contractor Certification</u></b> I certify that the above services have been performed and that the reimbursement claimed is a true and accurate representation. I am in compliance with all Federal, State and local requirements regarding reporting and paying taxes. The Research Foundation retains the right to use materials first created by the Independent Contractor in the conduct of this project to meet the requirements of the project's sponsor. The right retained by the Research Foundation does not apply to materials created by the Independent Contractor prior to their involvement in this project.				
<b>Signature</b> _____ <b>Date</b> _____				
<b><u>Project Director Certification</u></b> I certify that the above services have been performed. That reimbursement claimed is true and accurate. The charges are appropriate considering the qualifications of the payee. The services are essential and cannot be provided by persons receiving salary supported by this project.				
<b>Project Director Signature</b> _____ <b>Date</b> _____				
<b>Project Director Name (Please Print)</b> _____				
<b>FOR INTERNAL USE ONLY</b>				
<b>Supplier Number</b>	<b>Site</b>	<b>Invoice Date</b>	<b>Invoice Number</b>	
<b>Research Foundation Approval</b> _____ <b>Date</b> _____				
<b>Secondary Research Foundation Approval as Required</b> _____ <b>Date</b> _____				<b>Input</b> By _____ Date _____