

**VANDERBILT UNIVERSITY
CONTRACT AND PAYMENT FORM
FOR EXTERNAL CONSULTANTS**

Primary Business Not Consulting – Total Fee for Services Less than \$5,000

(Note: If total fee for services equals or exceeds \$5,000 procure services through Procurement Services)

SECTION A – To be completed prior to services being performed			
Name:		Report required (Y / N):	
Mailing Address:		Estimated travel expenses (if known):	
Is Payee a U.S. Citizen or Permanent Resident? ___yes ___no		Rate per job or rate per day:	
Social Security # or Fed ID #		Fee for services: \$	
Requested by:		Total Cost of Engagement: \$	
Detailed description of services to be performed:			
CONSULTANT'S SIGNATURE/OR ATTACH COPY OF PROPOSAL/CONTRACT		Date	REQUESTED by Prin Invest/Faculty/Coordinator Date
APPROVED by Provost/Vice Chancellor or Designee		Date	APPROVED by Department Chair or Designee Date
SECTION B – To be completed subsequent to services being performed			
PAYMENT TO EXTERNAL CONSULTANT			TRAVEL
Acct #	Center #	Fee For Service	Travel Expenses
			Total
63500			
63500			
63500			
Total to be paid			
If progress payment, indicate payment # _____ of _____			
Total paid to date, including this payment \$ _____ for this contract.			
CHECK ALL THAT APPLY			
Original receipts for travel are attached <i>(Reimbursement not reported on 1099)</i>			
No original receipts for travel are attached <i>(Travel reported on 1099)</i>			
Travel Expenses paid separately			
Conflict of Interest Certification:			
I, the consultant, certify that this position was not used for financial gain beyond that received directly for this consulting service nor did the work performed on this project create an appearance of a conflict of interest for me or a member of my family or any others with whom I have business or other ties.			
CONSULTANT'S SIGNATURE		Date	APPROVED BY Department Chair or Designee Date
APPROVED BY Dean of School or Designee		Date	APPROVED BY Provost/Vice Chancellor or Designee Date
APPROVED BY Contract and Grant Accounting		Date	APPROVED BY Disbursement Services/Dept of Finance Date

Send completed form with appropriate authorization and documentation to:

MEDICAL CENTER

or

UNIVERSITY CENTRAL

UNRESTRICTED CENTERS: Department of Finance
Crystal Terrace Suite 700 (8480)

UNRESTRICTED CENTERS: Disbursement Services
Station B #351810

RESTRICTED CENTERS: Department of Finance
Crystal Terrace Suite 700 (8480)

RESTRICTED CENTERS: Contract & Grant Accounting
Station B #351591