



Non-Employee Payment Form

Please check box and refer to HRS website for a list of required documents. <http://www.stonybrook.edu/hr>

Independent Contractor Honorarium Candidate Conference Participant

Department:	Dept. Contact:	Dept. Tel. No.
Payee Name: <input type="checkbox"/> Current or Prior State Employee	Payee's Social Security/Individual Taxpayer Identification Number: _____	
	<i>Attach copy of US Social Security or ITIN card.</i>	
Permanent Address:	Mailing Address:	

Please indicate one of the following:

A Citizen of the United States Yes No.
 Permanent US Resident Yes No. If yes, provide copy of alien registration card
 Non-Resident Alien (NRA) Yes No. If yes, Country of Citizenship: _____
Immigration status on I-94 card:

Description of Service:	Professional Qualifications:
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Date(s) of Service: **From:** _____ **To:** _____

COMPLETE A or B

A: Contract Fee: \$ _____
 B: Rate @ \$ _____ Hour Day X _____ = Total Payment _____

Travel Expenses Claimed (Original Receipts Must Be Submitted)

Hotel/Lodging: \$ _____ Airfare/Train/Bus: \$ _____
 Auto/Bridges/Parking//Tolls: \$ _____ Misc. \$ _____

Total Travel Expenses Claimed: \$ _____ **Total Payment:** \$ _____

If Multiple Payments, Indicate Date of Payment(s) and Payment Amount(s)
 Date _____ Amount \$ _____ Date _____ Amount \$ _____
 Date _____ Amount \$ _____ Date _____ Amount \$ _____

Other Payment Schedule:

Payee Certification

I certify that the above services will be/have been performed and that the reimbursement claimed is a true and accurate representation.

_____ _____
 Payee Signature Date

Certification of the Account Director

I certify that the services are essential to the project, and cannot be provided by any other person receiving salary support, and the rate is appropriate, based on the qualifications of the selectee and the nature of the work to be done.

State Account _____ Account Director Signature _____
 Object Code _____ Account Director Printed Name _____
 Date: _____

APPROVALS: Stony Brook Foundation	HRS/PAYROLL	PROCUREMENT
Authorized Signature _____ Date _____	Authorized Signature _____ Date _____	Authorized Signature _____ Date _____

Human Resource Services, 390 Administration Bldg., Stony Brook, New York 11794-0751, Phone (631) 632-6156 Fax (631) 632-2642
<http://www.stonybrook.edu/hr>



State University of New York at Stony Brook
Independent Contractor Services Form

As an independent contractor, I _____ am aware that signing this document means I have read and understand the following conditions describing my relationship with the Stony Brook Foundation.

As an Independent contractor, I am:

- Not eligible to file for or collect unemployment benefits;
- Not eligible for Worker’s Compensation coverage;
- Solely responsible for compliance with all federal, state, and local tax reporting requirements;
- Not currently a New York State/Stony Brook University/Research Foundation/Stony Brook Foundation employee;
- Have not been a New York State/Stony Brook University/Research Foundation/Stony Brook Foundation employee for the past two years;
- Required to assign all right, title, and interest in the data or material produced as a result of project activities to the Stony Brook Foundation, and prohibited from publishing, permitting to be published, or distributing any information concerning the results or conclusions of the data or material produced during or towards project activities. These are considered “works for hire” and as such are the property of The Stony Brook Foundation.
- Able to retain ownership of intellectual property included in the deliverables to the extent that I will have independently developed the intellectual property without the Stony Brook Foundation financial support. With respect to such property, I agree to grant the Stony Brook Foundation a royalty fee, nonexclusive license to use such intellectual property for purposes consistent with the Stony Brook Foundation’s obligations under this contract.

The above constitutes the entire agreement between both parties.

 Independent Contractor

 Human Resources Representative

Date: _____

Date: _____