



Stony Brook Foundation

Independent Contractor
 Honorarium
 Candidate
 Conference Participant

COMPLETE FORM AND RETURN TO DEPARTMENT CONTACT

Department: Name:	Dept. Contact: Payee's Social Security/Individual Taxpayer Identification Number: / /	Dept. Tel. No.
Permanent Address:	Mailing Address:	

Please indicate one of the following: Current or Prior State Employee

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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Please list the names of any relatives or members of your household employed with Stony Brook University/Research Foundation/FSA.

Date(s) of Service: From: _____ To: _____

Complete A or B if applicable:

A: Contract Fee: \$ _____ (or) B: \$ _____ GL Class Code _____

Total Payment (A or B) \$ _____

Travel Expenses Claimed (Expenses not substantiated with receipts will be taxed.)

Hotel/Lodging/Meals: \$ _____ GL Class Code _____ Airfare/Train/Bus: \$ _____ GL Class Code _____

Auto/Bridges/Parking/Tolls: \$ _____ GL Class Code _____ Misc. \$ _____ GL Class Code _____

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, and representations made in support of payment, are true and accurate.

_____ _____
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. I am aware of no relationship between the independent contractor and any department employee.

SBF Dept ID _____ Account Director Signature _____
 GL Class _____ Account Director Printed Name _____
 Date: _____

HRS/PAYROLL	PROCUREMENT	<input type="checkbox"/> DO NOT WITHHOLD TAX <input type="checkbox"/> WITHHOLD TAX
Authorized Signature Date	Authorized Signature Date	FOR HRS USE



**Stony Brook Foundation Funded Agreement
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;
- I am not eligible for Worker’s Compensation coverage;
- I am solely responsible for compliance with all federal, state, and local tax reporting requirements;
- I am not currently a New York State/Stony Brook University/Research Foundation/Stony Brook Foundation employee;
- I have not been a New York State/Stony Brook University/Research Foundation/Stony Brook Foundation employee for the past two years;
- I am 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.
- I am 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-free, nonexclusive license to use such intellectual property for purposes consistent with the Stony Brook Foundation’s obligations under this contract.
- I have disclosed the names of relatives or household members employed by Stony Brook University/Research Foundation/FSA.

The above constitutes the entire agreement between both parties.

Independent Contractor

Stony Brook Foundation designated
Human Resources Representative

Date: _____

Date: _____