

**INDIVIDUAL SERVICE PROVIDER DOCUMENTATION FORM**  
**FOR PAYMENTS \$100 OR LESS**

Provider's Name/Soc Sec #: \_\_\_\_\_

Is Payee or Beneficiary of this payment a U.S. Citizen or Permanent Resident Alien? Yes \_\_\_\_\_ No \_\_\_\_\_. *If no, you must use the Alien Information Collection form and other required tax forms. (Please see the Payments Made to Non Resident Alien Manual for more information, or contact the UTD Tax Compliance Officer @ x6148.*

Service to be Provided: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date of Service: \_\_\_\_\_

Amount of Service : \$ \_\_\_\_\_ (not valid for more than \$100)

**By signature below, the UTD representative and service provider certify that:**

1. Payments from UTD to Service Provider will be less than \$600 for current calendar year.
2. Service provider is not an employee or relative of a UTD employee.
3. Service provider meets all the qualifications of an independent contractor.
4. Service has been completed and provider is entitled to payment.

\_\_\_\_\_  
Service Provider (signature)

\_\_\_\_\_  
UTD Departmental Representative

Note: Send this completed form with an approved State of Texas Purchase Voucher to Procurement Management, AD34 for processing.