

The University of Texas at Dallas  
**AUTHORIZATION FOR PROFESSIONAL SERVICES**

Name _____	Social Security No. _____
Title _____	Organization _____
Permanent Mailing Address _____	

Is the payee or beneficiary of this payment a U.S. Citizen or Permanent Resident Alien? Yes  No   
 If No, you must attach an Alien Information Collection Form and other required tax forms. (Please see the Tax Compliance Manual for more information.)

Employment Status Non-State \_\_\_\_\_ Federal \_\_\_\_\_ \* UTD Employee \_\_\_\_\_ \*\*Other UT \_\_\_\_\_ \*\*Other Texas State Employee \_\_\_\_\_  
 \*UTD Employee \_\_\_\_\_ Approved \_\_\_\_\_  
 Program where currently employed \_\_\_\_\_ Immediate Supervisor (i.e., Program Head, Dean, etc.) \_\_\_\_\_  
 \*\*Other UT Component or Other Texas State Employee: Institution/Agency Name \_\_\_\_\_  
 President or Agency Head Approval \_\_\_\_\_

Nature of Services to be performed: Consultant \_\_\_\_\_ Guest Lecturer \_\_\_\_\_ Extended/Cont. Educ. \_\_\_\_\_ Other \_\_\_\_\_  
*For service to be performed under a grant or contract, estimate the number of days/hours required of the faculty member's time* \_\_\_\_\_  
 Description of Services \_\_\_\_\_  
 Qualifications (attach 2nd page if necessary) \_\_\_\_\_

Nepotism Statement: Name, relationship, title and department of any University employee or regent who is related to the above individual: \_\_\_\_\_

Proposed Payment: <i>(If in excess of \$15,000, call the VPBA Office for further instruction.)</i>	
Period of Appointment _____	Fee Only _____
Account No. _____	Transportation _____
Account Title _____	Meals/Lodging _____
Requesting Department _____	Other (specify) _____
Form Prepared By _____	Estimated Total _____
Phone _____ Mail Station _____	Gross-up this payment? Yes <input type="checkbox"/> No <input type="checkbox"/>

<b>To be completed by Tax Compliance Officer:</b>	
Nontaxable _____	
Taxable _____	
Taxable % _____	
1042-S	Yes <input type="checkbox"/> No <input type="checkbox"/>

**Certification:** The services provided by this person are (1) essential, (2) a selection process based on expertise and ability has been employed and this person is the most qualified individual available, (3) the fee is reasonable, considering the nature and extent of the services required, (4) proper documentation is on file to support these standards, and (5) for UTD employees, Policy Memorandum 96-1.3-74 of the Handbook of Operating Procedures requires that consultation is across departmental lines or involves a separate or remote operation, and the work is in addition to regular departmental load. Also, the basis for payment is the faculty member's approved budgeted academic salary rate. This certifies that these conditions have been satisfied and the consultant is \_\_\_\_\_ named in the approved grant/contract, or \_\_\_\_\_ approved in writing by the granting agency.

Requestor \_\_\_\_\_ Date \_\_\_\_\_ PI/PD (if Grant or Contract) \_\_\_\_\_ Date \_\_\_\_\_

TO BE COMPLETED BY PROVIDER:

Non-Employee Travel Reimbursement Statement of Intent: With respect to travel expenses to be reimbursed under this agreement, it is my intent to:  
 \_\_\_\_\_ not provide an accounting of expenses. All amounts will be reported as non-employee compensation for IRS Form 1099.  
 \_\_\_\_\_ provide an accounting for all expenses with original receipts as required. I understand that amounts not adequately accounted for will be reported as non-employee compensation on IRS Form 1099.

I shall perform the above services for the \_\_\_\_\_ Program/School of UTD during the period of \_\_\_\_\_ to \_\_\_\_\_.

**SIGNATURE** \_\_\_\_\_ Date \_\_\_\_\_

Requested by _____	Office of Sponsored Projects _____
Date _____	Date _____
Recommended by Dean or Other Administrative Official _____	Approval of Vice President _____
Date _____	Date _____
Approval of Tax Compliance Officer _____	Approval of President _____
Date _____	Date _____