SERVICES RENDERED WORKSHEET

Today's Date

U.S. Social Security Number or UMID

Last Name First Middle Initial

Permanent Home Address *(No PO Box or Campus Address)*

Date(s) services provided

City State Zip Code

Dollar Amount Requested

Describe Services Rendered (DJ, Speaker, Honorarium…):

Total Hours Worked:

UNIVERSITY EMPLOYMENT STATUS

Is Service Renderer a University Employee? ☐ Yes ☐ No (If no, please answer 4 questions below)

If yes: ☐ Full Time ☐ Part Time ☐ Temporary

If Full Time or Part Time:

Direct Supervisor's Name

Direct Supervisor's E-Mail

Direct Supervisor's Phone Number

Never Employed 4 Questions (please check all that apply)

☐ The person is not instucted by your SOAS group on how to perfom the work.
☐ The person is not supervised by your SOAS group while performing the work.
☐ The person provides the same types of services for other companies or institutions.
☐ The person maintains an independent office and furnishes all the equipment and supplies required to perform services.

CHECK DISTRIBUTION

This check should be:

☐ Mailed to home address

☐ Picked up at SOAS

Checks will be availble for pickup anytime after 2:00pm

***An authorized signer or the person the check is payable to may pick the check up*

CITIZENSHIP

United States Citizen ☐ Yes ☐ No

If No, Country of Citizenship:

Visa Type: _____ check one of the following

☐ Non Resident Alien *(Must also complete Form 8233 - Exempt. from w/holding)*
☐ Resident Alien *(Must complete Form 9835 - Alien Certificate)*

APPROVAL

Name of Student Organization

SOAS Account Number

Authorized Student Signer Signature

Authorized Name Printed