

Use this form for services that meet the following criteria:

- a) are to be performed by [independent contractors](#) (e.g., speakers and guest lecturers in a non-public setting);
- b) are for a unique, noncompetitive activity and cannot be provided from more than one source; and
- c) are services in support of instruction, research or public service.

Please review the following prior to completing this form:

- 1. If Items (a), (b), and (c) mentioned above are not true or if the services you are seeking will not be performed via an independent contractor but will instead be performed via an employer-employee relationship (i.e., a direct hire), please consult with Human Resources.
- 2. If the service desired is available from more than one source and/or if the services are not in support of instruction, research or public service, then competitive procurement rules apply and purchasing bid and waiver regulations must be followed. Contact Procurement & Strategic Sourcing.

Information needed to complete this form:

- 1. Send the following information to Accounts Payable (actpay50@uwec.edu) to validate the supplier before payment can be processed for services performed:
 - a. U.S. Citizens - request a copy of the Contractor's current W-9.
 - b. Non-U.S. Citizens - request a copy of **W-8BEN** completed with U.S. Individual Taxpayer Identification Number (ITIN) or Social Security Number (SSN)
 - i. If they are requesting *treaty exemption* or *reduced withholding* for independent personal services then **Form 8233** would have to be completed with U.S. ITIN or SSN
 - ii. Visa Type

This Agreement is entered into between the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin-Eau Claire (*hereafter University*) and the contractor set forth below (*hereafter Contractor*). Changes to the terms and conditions require prior written approval by the University.

CONTRACTOR INFORMATION

Contractor's Name:

Business Name (if applicable):

Address:

City/State/Zip:

Is Contractor employed by UW System? ___NO ___YES (Contact HR for guidance, do not use form)

SERVICE PERIOD

Beginning Service Date	Ending Service Date	Location (Building/Room)	UWEC account to be billed
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MANDATORY – SCOPE OF SERVICE (Identify type of service and any conditions. Attach appendix if needed):

PAYMENT TERMS	LIAISON
<p>Payment will be made within 30 days of completion of services. For multiple payment dates please indicate below the payment dates with payment amounts.</p>	<p>Represents the University's interest and related considerations as outlined in this agreement.</p> <p>Liaison's Name:</p> <p>Department:</p> <p>Email:</p> <p>Telephone:</p>

COMPENSATION INFORMATION	
<p>Fee not to exceed:</p> <div style="display: flex; justify-content: space-between;"> <div data-bbox="82 674 764 997"> <p>List <i>travel expenses</i> to be arranged by and directly paid by the University. List expense (ex, hotel, airfare, hosted meal) and the not to exceed amount.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> </div> <div data-bbox="764 674 1495 997"> <p>List <i>travel expenses</i> to be e-Reimbursed through University's Travel Expense Reimbursement process. List expense (ex, hotel, airfare, hosted meal) and the not to exceed amount.</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> </div> </div>	

CONTRACTOR ACCEPTANCE	
<p>I agree UW System Purchasing Terms and Conditions which are found at https://shopuwplus.wisc.edu/uw-system-purchasing-termsand-conditions-2/. I verify that I am duly qualified and willing to perform the services as an independent contractor. The fees under this Agreement do not exceed my normal and customary rate. I certify, under penalty of perjury, that the Social Security Number or Federal Employer Identification Number provided on my W-9 is correct, that I am not subject to backup withholding due to failure to report interest and dividend income, and that I am a U.S. person. I am not a current University of Wisconsin System employee, nor have I been a UW System employee during this calendar year.</p>	
<p>SIGNATURE: _____</p> <p>Name Printed or Typed: _____ Title: _____</p> <p>Email Address: _____ Phone Number: _____</p>	

UNIVERSITY ACCEPTANCE	
<p>The services to be provided are essential, reasonable and conform to applicable State Statutes and UW System policies and cannot be provided by current UW System employees.</p>	
<p>Liaison Approval: _____</p>	<p>Date:</p>
<p>Funding Department Approval: _____</p>	<p>Date:</p>
<p style="text-align: center;">Print/Type Name:</p>	
<p>FOR THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM, UNIVERSITY OF WISCONSIN-EAU CLAIRE</p> <p>Director of Procurement Approval: _____ Date:</p>	