An Independent Contractor Status Determination and Documentation Form has been completed, and found that the below named individual/corporation will be considered an Independent Contractor. Therefore, The University of Southern Mississippi (USM) enters into a binding agreement with the below named contractor/consultant.

Contractor/Consultant Name *										
(Must Match Name on W-9):										
Address *:										
								State		Zip
Contractor/Consultant's Employer *:										
Current Member of PERS? * Receiving Monthly PERS Benefit?*	Yes Yes		No No							
Incorporated?*	Yes		No							
Separate USM Contract?* US Citizen or US Entity?*	Yes Yes		No No							
ob cluzen of ob Endty.	103		110							
Description of										
Contracting/Consulting Services:*										
Performance Period	Start Date:*				End Date:*					
T 6 . 6	ate.									
Location of performance: Cost of Contracting/Consulting:*	*			(b)						
(a) Fee/Hour/Per day:				Number of hrs./Days:						
(a) Fee/Houl/Fer day. (c) Total Fee: (a) * (b) = (c)				ilis./Days.						
(d) Travel Costs:			(e) O	ther Costs:						
Total Costs:										
(c) + (d) + (e)										
Services shall not exceed:										
Contractor/Consultant Signature * By signing this document. Lunders	tand that I w	rill be naid	as an inder	endent conti	ractor.			Date*:		
By signing this document, I understand that I will be paid as an independent contractor, will receive a 1099-MISC for services rendered, and will be 100% responsible for any and all applicable								Initial*:		
							Yes		No	
							Yes		No	

According to the Privacy Act for Collection of SSNs: We are required to inform you that The University of Southern Mississippi is requesting your Social Security Numbern

Department or Grant Name:
College/Unit Name
USM Expenditure Authority:
OSM Expenditure Authority.
hartfield String to be Charged: