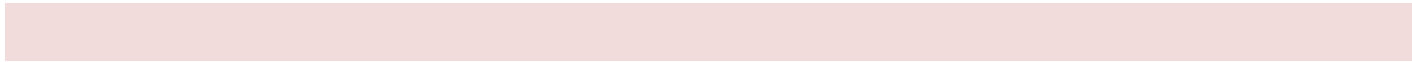


An Independent Contractor Status Determination and Documentation Form has been completed, and found that the below named individual/corporation will be considered an Independent Contractor. Therefore, The University of Southern Mississippi (USM) enters into a binding agreement with the below named contractor/consultant.



Contractor/Consultant Name *
 (Must Match Name on W-9) :

Address *:

State Zip

Contractor/Consultant's Employer *:

Current Member of PERS? *	Yes		No	
Receiving Monthly PERS Benefit?*	Yes		No	
Incorporated?*	Yes		No	
Separate USM Contract?*	Yes		No	
US Citizen or US Entity?*	Yes		No	

Description of Contracting/Consulting Services:*

Performance Period Start Date:* End Date:*

Location of performance:*

Cost of Contracting/Consulting:*

(b) Number of hrs./Days:

(a) Fee/Hour/Per day: (c) Total Fee: (a) * (b) = (c)

(d) Travel Costs: Total Costs: (e) Other Costs:

(c) + (d) + (e)
 Services shall not exceed:

Contractor/Consultant Signature * 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

Department or Grant Name:

College/Unit Name

USM Expenditure Authority:

Chartfield String to be Charged:

