TEXAS A&M RESEARCH FOUNDATION INDEPENDENT CONTRACTOR INVOICE

Date:	e: TAMRF			F Account No.:	
Name:		U.S. Soc	U.S. Social Security No.:		
Mailing Address:					
City:	State:	Zip Code:	Country:		
Email Address:		Daytime	Daytime Telephone No.:		
UIN (Texas A&M University System Stude	ents and Employ	ees Only):			
Dates of Services Performed (Month/Day/Y	Year):				
Description and Location of Services:					
Description of Payment Rate:	Total Amount of Payment Due:				
I certify that the work was performed on Research Foundation. I do not receive sale not used for this work.			A&M University		
Signature	I am am not* a U.S. citizen, U.S. national, lawful permanent resident, or lawful temporary resident.				
APPROVAL:					
I certify that these costs were incurred to maccount.	neet the research	objectives for the ref	erenced account an	d are properly chargeable to this	
Principal Investigator's Signature		Date			
FOR TAMRF USE ONLY:					
TAMRF Project Administrator's Signature		Date		Expense Code: 5550	
☐ Independent Contractor Status Approved		Date	1099 Form Required		
☐ W-9 Form Received (U.S. citizen, U.S. natio	onal, lawful perma	nent resident, or lawful	temporary resident of	only)	
□ *W-8BEN Form Received (Required if the i	•				
permanent resident, or lawful temporary resident and is performing the work <u>outside</u> the United State			the United States.	Non-U.S. Citizen = Yes:	
OR *Access to Glacier required. Send individual's name and email address to: Glacier@rf-mail.tamu.edu			Reviewed by TAMRF Glacier contact.		
*The individual is <u>not</u> a U.S. citizen, U.S. na resident and is performing the work <u>in</u> the for additional documentation required for p	ntional, lawful pern United States. See	nanent resident, or law	ful temporary	Giaciei Contact.	