

University of West Florida
Payment Application for Services Form for Academic Affairs Program Reviews

Instructions: This form is to only be used for Academic Affairs Program Review requests for payment to a professional for consulting or personal services. **If the individual providing the service is an employee of The University of West Florida (UWF), do not fill out this form; but instead process an Action Sheet and contact the Office of Human Resources (OHR).**

If the individual is a corporation or a government entity, the questions below in PART 1, do not need to be answered.

This form is for individuals who are independent contractors/consultants and are not a UWF employee:

- Fill out this form in lieu of a Direct Pay Request. Email the completed form and an invoice to Accounts Payable at accountspayable@uwf.edu, or send via DocuSign, for issuance of a check or ACH payment.
- You do not need a requisition for this type of service.

CHECK ONE: Mail payment to payee address listed below. Contact UWF Requestor below when check is ready for pickup.

UWF Requestor Name: _____ **Dept. Name:** _____

Bldg. & Rm.: _____ **Phone:** _____ **Email:** _____

PART 1	If the answer to any of questions 1 - 5 is "YES", do NOT fill out/submit this form; <i>instead process an Action Sheet and contact OHR.</i>	
YES NO		
	1.	Does the individual currently work at or for UWF?
	2.	Is there a regular or on-going relationship with the individual? For example, are you hiring the individual for more than a one-time task?
	3.	Are the services of the individual integrated into your organization and performed on a continuing basis as part of your department's on-going operations?
	4.	Is a UWF department providing long-term assistance and support to the individual, such as personnel support, supplies, equipment, etc.?
	5.	Is a UWF department providing on-going training and step-by-step direction concerning how to complete the task or does a UWF department have the right to change the processes the individual is using to complete the task?
	If the answer to questions 6 & 7 is "NO", do NOT fill out/submit this form; <i>instead process an Action Sheet and contact OHR.</i>	
	6.	Does the individual provide the same or similar services to others?
	7.	Does the individual bear the risk of making a profit or losing money by providing this service?

PART 2

Payee Name (Payee Name must match IRS tax records): _____

Payee St Address: _____

City/State/Zip: _____

Payee Banner ID: _____

BANNER CODING

Index Code	Commodity Code	Account Code	Activity Code	\$ Amount
TOTAL				\$

PART 3

Scope of Work and Expected Outcome (you may attach a document in lieu of completing this section):

Dates of Service: _____

Authorized Department Signature: _____ **DATE:** _____

Printed Name: _____