

II. AUTHORIZATION TO CONTRACTOR

(This authorization may be used in lieu of a written contract if, and only if, the total amount of compensation is less than \$2,000.00.)

- 1. This is to authorize (Contractor's Name) to perform the following services:
(Enter detailed description, including type,scope, duration, form, quality, place, size, time, purpose, and identification of concerned University department.)
2. Contractor shall be compensated (Rate of Compensation: hourly, daily, etc.) for services rendered. Payment will be made only after services have been performed. In no event shall the liability of the University under this authorization exceed \$
3. The Contractor within the past six months has not been and during the term of this Authorization will not become an employee of the State of Tennessee which includes full or part-time faculty, staff, student employees or graduate assistants. The Contractor shall not directly or indirectly pay any of the compensation to any officer or employee of the University or the State of Tennessee.
4. No person on the grounds of disability, race, color, religion, sex, veteran status, creed, age, or national origin will be excluded from participation in, or be denied benefits of, or be otherwise subject to discrimination in the performance of this Authorization, or in the employment practices of the Contractor.
5. The Contractor, being an independent Contractor and not an employee of the University, agrees to protect and hold harmless the University from any and all liability not specifically provided for in this Authorization.
6. The term of this Authorization is from to
7. This Authorization may be terminated by either party by giving written notice to the other, at least days before the effective date of termination. In that event, the Contractor shall be entitled to receive just and equitable compensation for any satisfactory authorized work completed as of the termination date.

Requester/Initiator Signature Date Dean/Director Signature (\$500.00-\$2000.00) Date

Department Head Signature Date

- 8. I agree and accept the terms of this contract and any attached addendum. (Required if fee over \$100.00)

Contractor Signature Date

CONTRACTOR INFORMATION:

U.S. Citizen? Yes No

If No, state country of citizenship Passport number Exp. Date

Type of Visa Dates at U of M: From to

Any prior visits to the U.S.? Yes No

If Yes, please list entry & exit dates, immigration status/Visa type, and primary purpose on separate sheet. Each visit should be listed.

Is the activity to receive the honorarium to last more than nine (9) days? Yes No

Have you received honorariums from more than five (5) organizations in the last six (6) months? Yes No

U.S. Social Security # or Federal Tax ID #

Permanent Address:

Classification: (select one)

- Individual(I) Not-for-Profit Corporation (N) Foreign Individual (F) Medical/Health Corporation (M)
Sole Proprietorship (I): Owner's Name: Partnership (P) Sub-Chapter S Corporation (S)
Tax Exempt Association, Club, Religious, Charitable or Education Organization (O) Corporation

Check if Applicable: Small Business (\$500,000 or less annual sales; 9 or less employees) Minority Business (51% minority owned and managed)