

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. Payments to an individual or contractor for \$2,000.00 or more during the course of a single calendar month (whether fragmented or paid in a lump sum) require an obligated contract established through the Purchasing Department. This form is sent to the Accounting Office any time a payment is requested to be made to an individual regardless of the amount. A form must be completed for each individual to be paid. The form is prepared by the requesting department and is used to secure approval of the authorization and to process the payment. Payments cannot be made to any University or State employee (which includes full or part-time faculty, staff) under this procedure.

I. GENERAL INFORMATION

(This information is necessary to complete IRS Form 1099-MISC. Lines 1-8 must be completed.)

1. Name of Payee:
2. (a) U.S. Social Security Number: **OR** (b) Federal Tax ID Number:
3. Local Address:
street/city/state/zip+4
4. Permanent Address:
street/city/state/zip+4
5. Telephone Number:
6. Fax Number:
7. E-mail Address:
8. Is payee a U of M student? Yes No
9. U.S. Citizen? YES If not, state country of citizenship
(If payee is not a U.S. citizen, withholding may be required. Please complete IRS Form 8233 if individual is not claiming residence in U.S. or IRS Form W-9 if individual is claiming residence in U.S.)
10. Total Amount \$ 11. Index Number/Acct Code -
12. Obligation Number *(If none, Section II below must be completed.)*
13. Are services being performed? Yes No *(If "Yes," complete Section A. If "No," complete Section B.)*

A. If Item 10 is marked "Yes," describe the services below:

Date Rendered	Units of Service (Hours/Days)	Brief Description of Services Provided (Be Specific)
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1. Department Head/Project Director:
This is to certify that the payee identified above was authorized to perform services in accordance with U of M Operating Procedure Number 2D:03:07B and services were rendered in accordance with a contract dated or the Section II, "Authorization to Contractor" and payment for services should now be made.

Department Head Signature Date **Department Name:**

2. *(Complete only if check is requested in advance of services.)*
I hereby request the check to be prepared in advance to give to the contractor upon completion of services. I certify that the check will not be released until services have been completed in accordance with the above-identified contract of Section II on the reverse hereof. (Attach statement explaining the reason the check is needed in advance.)

Department Head Signature Date

U.S. Social Security #
Permanent Address:

or **Federal Tax ID #**

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)

INSTRUCTIONS : Give two copies to Contractor. Contractor must sign and return one copy. Complete all sections of Part I. Send original to the Accounting Office.