

Contracted Services Form for U.S. Residents			Request #:
	Requestor:		Voucher #:
	Department:		Payee ID:
	Dept Code:	Request Date:	Check Handling <input type="checkbox"/> Mail <input type="checkbox"/> Mail with Enclosure Hold for Pick Up: <input type="checkbox"/> Evanston <input type="checkbox"/> Chicago
	Phone:		
	Email:		

This form must be completed each time services are rendered by an individual consultant or independent contractor.

Contractor Information

Name:	Period of Service	From:	To:
Address Line 1:	Rate of Pay		
Address Line 2:	or Flat Fee:		
City, State Zip:			
Additional Description of Services (for sponsored project, also describe the benefit to the award):			

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I understand that payment will not be issued until performance and completion of the contracted services, and that the date of payment cannot be prior to the work completion date. I understand that agreed upon expenses will not be

					Program	CF1	Acct	Amount
Services							75010	
Reimbursable Expenses							75015	

Other (description):