

**MS REQUEST FOR PROFESSIONAL SERVICES FORM**

SHADED AREAS FOR USE BY CENTRAL TRAVEL TEAM ONLY?	Requisition #:	
	Date entered in FMS:	
	Date approved in FMS:	

\_\_\_ Visiting Lecturer \_\_\_ Consultant \_\_\_ Other \_\_\_\_\_

Name: \_\_\_\_\_ Vendor Code: \_\_\_\_\_

Title: \_\_\_\_\_ Institutional affiliation: \_\_\_\_\_

Address: \_\_\_\_\_ Dates of Service: \_\_\_\_\_

Purpose of Visit: \_\_\_\_\_

Proposed Payment: Transportation: \$ \_\_\_\_\_ BTA: \$ \_\_\_\_\_ Subsistence: \$ \_\_\_\_\_

Consultant Fee: \$ \_\_\_\_\_ per day \$ \_\_\_\_\_ **TOTAL: \$ \_\_\_\_\_**

Chart Field String: \_\_\_\_\_  
Op Unit                  Dept ID                  Fund                  Project                  Program                  Class

**Administrative Approval:** \_\_\_\_\_ **Chart Field Verification:** \_\_\_\_\_

Has this person been previously employed by the UTHSC within the past twelve months?      **Yes**      **No**

Has this person received CPHS training? (*Attach a copy of certificate of completion*)      **Yes**      **No**

Under Grants Policy Statement there must be evidence that the selection process has been employed to secure the most qualified person available...What was the basis for this selection?

\_\_\_\_\_  
 \_\_\_\_\_

**Please have the sponsoring faculty member or authorized official complete the following questions.**

Yes   No

1. Must comply with employer's instructions about the work (when, where, how)
2. May receive training from or at the direction of the employer.
3. Have a continuing working relationship with the employer.
4. Provide services that are integrated into the business.
5. Provide services that must be rendered personally.
6. Hire, supervise and pay employees for the employer.
7. Must follow set hours of work.
8. Work full-time for an employer.
9. Do their work on the employer's premises.
10. Must do their work in a sequence set by the employer.
11. Must submit regular reports to the employer.
12. Receive payments of regular amounts at set intervals.
13. Receive payments for business and/or travel expenses.
14. Rely on the employer to furnish tools and materials.
15. Work for one employer at a time.
16. Lack a major investment in facilities used to perform the service.
17. Cannot make a profit or suffer a loss from their services.
18. Do not offer their services to the general public.
19. May quit work at any time without incurring liability.
20. Can be discharged by the employer.

I approve the above referenced vendor as an Independent Contractor:

Sponsoring Faculty: \_\_\_\_\_ Dean's Office Approval: \_\_\_\_\_

Administrative Contact: \_\_\_\_\_ Interoffice Address: \_\_\_\_\_ Extension: \_\_\_\_\_ Email: \_\_\_\_\_