

Submittal of a Request for Independent Contractor Services Over \$500 is processed online through DocuSign. Both the University Forms Repository and the main landing page of the Procurement Department provide a link to the Online Form.

After clicking the link for the Online Form, you'll be prompted to complete six (6) fields, and each field must be completed. A Towson University email address must be provided, and the employee name must match the email address. Please note, any email addresses spelled incorrectly will not prompt notification, and the Online Form will not move forward in the approval process. In addition to completing the fields, the Department Head and VP/Dean must be an Authorized Signer for the Department Number requesting purchase. If any of these conditions are not met, the Procurement Office and/or Budget Office will reject the request.

Initiator

Your Name: *

Your Email: *

Please provide information for any other signers needed for this document.

Department Head

Name: *

Email: *

Once you have completed the required fields, please click the **begin signing** button located at the bottom of the page. After clicking the **begin signing** button, you may be prompted with an informational note about Finish Later (resuming the document at a later time), or to assent to the Terms & Conditions of using DocuSign. If requested, please click the checkbox, and then click the **continue** button.

The Online Form will then become available for completion; boxes highlighted in **red** signify required fields. Each field has an informational tool-tip to assist you with completing the form.

IC NAME: <input type="text"/>	CITY: <input type="text"/>	STATE: <input type="text"/>	ZIP CODE: <input type="text"/>
ADDRESS: <input type="text"/>	OCCUPATION: <input type="text"/>		
EMAIL: <input type="text"/>	PHONE: <input type="text"/>		
DATE OF SERVICE START: <input type="text"/>	DATE OF SERVICE END: <input type="text"/>		
RATE: \$ <input type="text"/> <input type="checkbox"/> PER HR. <input type="checkbox"/> PER DAY	TOTAL FEE (including travel expenses): \$ <input type="text"/>		

The fields shall be completed as follows:

IC Name: *Independent Contractor Name*
Address, City, State, & Zip Code: *Street Address of Independent Contractor*
Email & Phone: *Independent Contractor Email & Phone*
Occupation: *Independent Contractor Occupation*

Date of Service State & End: *Actual dates of service the Independent Contractor will provide service to the University. Format shall be MM/DD/YYYY.*
Rate & Total Fee: *Independent Contractor rate per hour or day, and the Total Fee (including travel expenses)*

Next, if the Independent Contractor is a U.S. Citizen or Permanent Resident Alien, attachment of an Internal Revenue Service (IRS) Form W-9 is required. The **attachment** button will populate once you answer YES. Please follow the prompts to upload a file. If you answer NO, you'll need to contact the University Non-Resident Alien Tax Specialist at 4-5269 for further instructions. If the Independent Contractor is a University Employee, or has been an employee in the previous forty-five (45) days, you'll need to contact Human Resources at 4-2162 for further instructions.



The form **requires** a brief description of services, a justification for requesting services, and the proposed qualifications of the Independent Contractor. If the allotted space provided is inadequate, please use the **attachment** button, and

follow the prompts to upload a file. To upload multiple files, continue to click **upload a file** until complete, then hit the **done** button.

BRIEF DESCRIPTION OF SERVICES: (Attach additional description if necessary)


Optional

JUSTIFICATION FOR REQUESTING SERVICES FROM EXTERNAL SOURCE: (Attach additional justification if necessary)


Optional

DESCRIBE PROPOSED IC QUALIFICATIONS: (Attach resume or additional qualifications if necessary)


Optional

After completing the above fields, the remaining boxes highlighted in **red** signify required fields. Each field has an informational tool-tip to assist you with completing the form.

TU CONTACT: <input style="border: 1px solid red;" type="text"/>	TITLE: <input style="border: 1px solid red;" type="text"/>
DEPT. NAME: <input style="border: 1px solid red;" type="text"/>	DEPT. #: <input style="border: 1px solid red;" type="text"/> FUND: <input style="border: 1px solid red;" type="text"/> ACCT: 502123
PROJECT/INITIATIVE #: <input style="border: 1px solid red;" type="text"/>	

The fields shall be completed as follows:

TU Contact: *University Contact for questions/concerns*
Title: *University Contact position title*
Department Name: *University Department Name*
Department No.: *University Department No. (5 Digit No.)*

Fund Code: *Department Fund Code (4 Digit No.)*
Project/Initiative: *This field will only be required if the Grant Funded IC Form is selected. If you do not have a Project/Initiative No., please navigate to the standard IC Form.*

Once all required fields have been completed, and any attachments have been added, please click **sign**, and then click the **finish** button in the upper right hand corner. The Online Form will begin traveling through the Approval Workflow.



Towson University Procurement sent you a copy.

[REVIEW DOCUMENTS](#)

Towson University Procurement
noreply-docusign-procurement@towson.edu

Throughout the Approval Workflow, Signers will receive an email notification. To sign, click the **review documents** button in the email notification. Signers may be prompted with an informational note about Finish Later (resuming the document at a later time), or to assent to the Terms & Conditions of using DocuSign. If requested, please click any check boxes, click the **continue** button, follow the prompts to sign the document, and click **finish**. Once all Signers have completed the document, a fully executed copy will be delivered to each Signer, and routed to Accounts Payable to allow payment of future invoices. Please note, you may be contacted during the approval process to provide additional information.