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|---------------------------------------|----|---|
| Section 1. General Information | | |
| Print Vendor Name: | | A#: |
| Street or Box Number: | | |
| City: | | State and Zip: |
| Yes | No | Is this payee or the beneficiary of the pay a US citizen or permanent resident alien? |

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|---|--------|
| Section 2. Scope of Service | |
| Provide detailed description of service provided: | |
| | |
| Date: o : | Total: |
| I, the vendor, certify under penalties of perjury that the items and totals listed above and/or attached are proper charges for a lecture, training or performance furnished to The Evergreen State College. I understand that I am an independent contractor, will not receive any benefits associated with employment, and, if a state employee, am in compliance with RCW 42.52.130. | |
| Vendor Signature: _____ Date: _____ | |
| Print Signer's Name {if Different From Above}: | |

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| Section 3. Department Confirmation / Relationship to Evergreen |
| <i>I confirm that this individual is not an employee of Evergreen and that on a one time or occasional basis this person presented a lecture, provided training, or gave a performance. They did not receive instructions on how to do their work or perform their activity. The College and individual agree that the relationship is strictly that of an independent contractor. This person performed the activity(ies) exactly as described above. {Note that if you cannot confirm all above statements you may not use this form}</i> |
| Authority Signature: _____ Date: _____ |
| Print Name & Title: |

| Section 4. Budget Information <i>(Initial each block if multiple authorities)</i> | | | | | |
|--|------|-----|------|-------------------|--------|
| <u>Initials</u> | Fund | Org | Acct | Optional Activity | Amount |
| | | | | | |
| | | | | | |
| | | | | | |
| Total: | | | | | |
| Budget Authority Signature: _____ Date: _____ | | | | | |
| Print Name: | | | | | |