

# INDEPENDENT CONTRACTOR PAYMENT FORM

(PP Only) Reference Number

To be used for payment for services provided to LCSC. If over \$5,000, contact Purchasing.  
 Use Personnel Action Form if contractor is a current LCSC employee.  
 Use Requisition if contractor is a corporation or if paying for supplies.

**Check All That Apply**

Attach W-9

Attach Invoice

Grant Funded

Today's Date

Invoice # or Identifying Description

(10 characters)

Name

Warrior ID#

SSN

XXX - XX -

Address

**Budget Code**                    -       -                    **-5-5150**                    **Amount** \_\_\_\_\_

Description: \_\_\_\_\_

**Budget Code**                    -       -                    **-5-5150**                    **Amount** \_\_\_\_\_

Description: \_\_\_\_\_

**Budget Code**                    -       -                    **-5-5150**                    **Amount** \_\_\_\_\_

Description: \_\_\_\_\_

**Total** \_\_\_\_\_

**Service/Labor** (Over \$600 will receive 1099) \_\_\_\_\_

**Other** (mileage, meals, etc.) \_\_\_\_\_

**Total** \_\_\_\_\_

**Comments to be printed on Contractor's Check Stub**

Date of Service:

Description of Service:

Please mail check    **OR** Contact \_\_\_\_\_ by \_\_\_\_\_ (date)

**Routing Approval** (date and approval signature stamp)

Coordinator/Dept. Head/Director	Grant Monitor (if grant funded)	Dean	Vice President / President / Provost	Controller's Office <a href="mailto:coap@lcsc.edu">coap@lcsc.edu</a>	Human Resources _____

(Provost only if over \$1,500)

Originator: \_\_\_\_\_