

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 coap@lcsc.edu	Human Resources @lcsc.edu

(Provost only if over \$1,500)

Originator: _____