

Consultant Agreement Process Flow

Departmental Procedure

- Prepare documents for processing
- Request for Consultant Services
 - Consultant Disclosure Statement (C B C)
 - Questionnaire
 - Contract Agreement (signed by consultant)
 - W-9 (C B C)
 - Requisition for Consultant Payment
 - Direct Deposit Form (C B C)

Review/sign documents by Deans & Directors

No

Documents are returned to originating department

Yes

Human Resources Receives all forms.

Preparation

Document

Decision

Manuel Operation

Process

Human Resources Procedure

HR reviews Q&A's consultant or employee, disclosure statement forwards to Vice Presidents.

No

Return forms to originating department for alternative hiring process or additional information i.e. Temporary Service or Temporary Employee

Yes

Vice Presidents signs Contract, Request for Consultant forwards to USSS

No

Documents are returned to originating department

Yes

Finance Procedures

- USSS receives documents for processing
- Request for Consultant Services
 - Consultant Disclosure Statement
 - Questionnaire
 - Contract Agreement
 - W-9
 - Authorizations for Direct Deposit
 - All signatures need to be in place

No

Documents are returned to originating department

Yes

Documents are processed and RO# is issued.

Departments views information via PAW's copies returned to department.

USSS (University Strategic Sourcing Services)

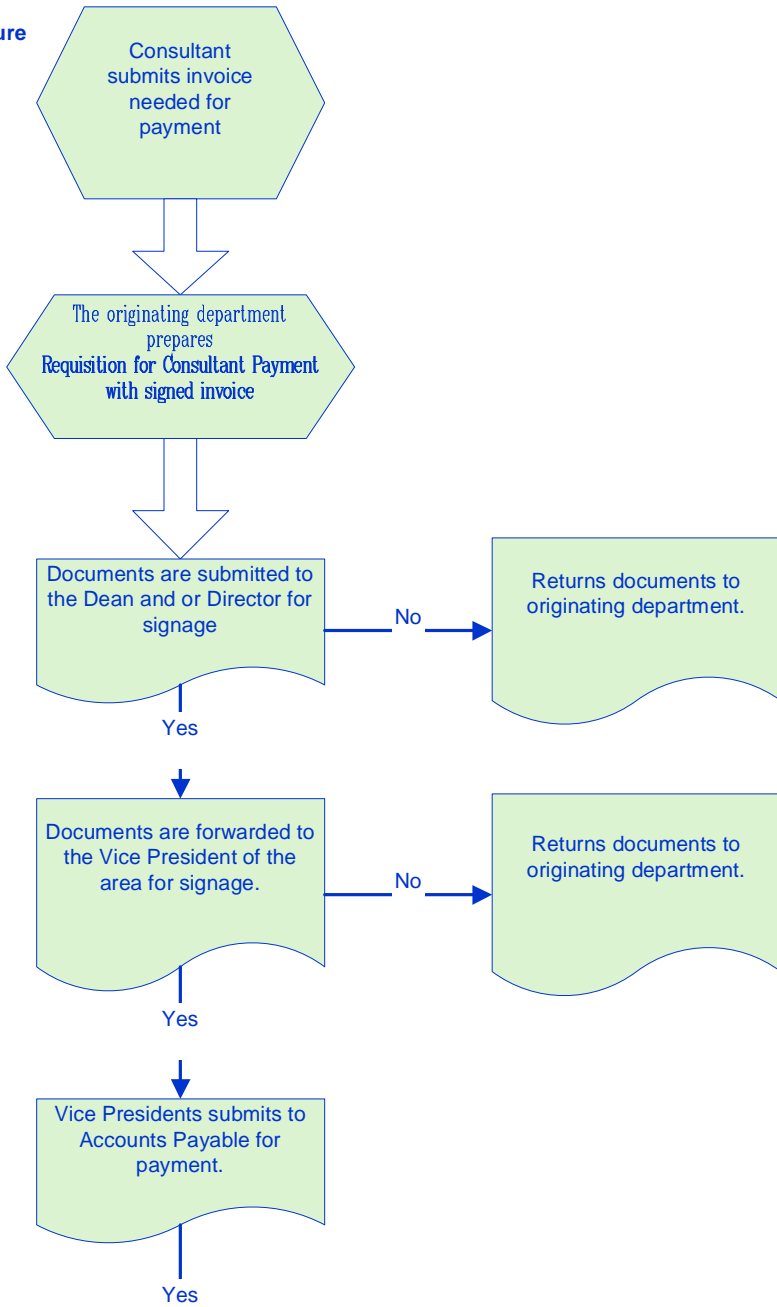
HR (Human Resources)

FOAP (Fund, Org,Account, Program)

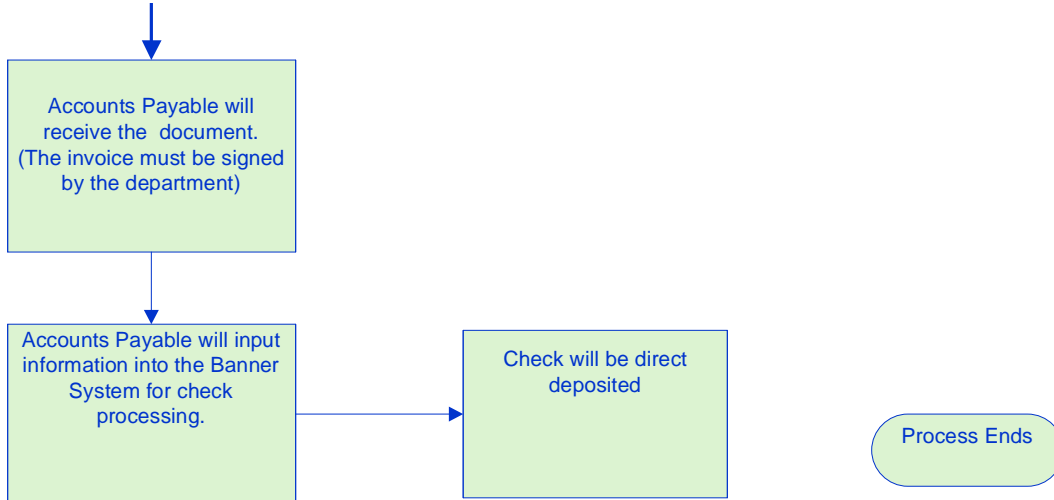
CBC (Completed by Consultant)

Consultant Payment Process Flow

Departmental Procedure



Accounts Payable



Jackson State University
REQUISITION FOR CONSULTANT PAYMENT

This form is sent to the Accounts Payable department any time a payment is requested to be made to an independent contractor regardless of the amount. A form must be completed for each individual contractor to be paid. The form is prepared by the requesting department and used to secure approval of the authorization and to process the payment. Payments cannot be made to any University or State employee (which includes full or part-time faculty, staff) under this procedure. Compensatory time off should be given first consideration for reimbursements to employees; however as warranted by the department head the extra services form must be completed to receive monetary reimbursement.

Payee Information (ALL INFORMATION IS REQUIRED)

Name of Individual, Sole Proprietor, Partnership or Corporation					
Address					
Telephone		Fax		E-mail	
Vendor Number					
EIN Number or SSN					

FOAPAL Information

Dates of Performance	
FOAPAL Codes	
PO#	

Segment Payment _____ of _____ of total contract amount. **Attach completed W-9**

Total Estimated Costs for Project fee/rate per hour, day, and etc.	No. of hours, days, etc.	Total Fees
Fees for Service	\$ _____	\$ _____
Expenses to be paid		
Transportation Airfare	\$ _____ X _____	= \$ _____
Ground	\$ _____ X _____	= \$ _____
Subsistence Food	\$ _____ X _____	= \$ _____
Lodging	\$ _____ X _____	= \$ _____
Other Expenses	\$ _____ X _____	= \$ _____

FOAPAL Information _____ **Total Estimated Cost** \$ _____

Request and Approval Signatures

Requested by:

Signature _____ Date _____

Approved by: _____ Date _____

Head of Department/College (Required)

Approved by: _____ Date _____

Dean/Director

Approved by: _____ Date _____

Vice President _____ Date _____

Financial Services: _____ Date _____

Please attach the consultant's form W-9
