

**A. Payee Information**

1. Name: \_\_\_\_\_  
(Please enter name as shown on your Social Security Card)

2. Home Address: \_\_\_\_\_  
\_\_\_\_\_

3. Social Security # \_\_\_\_\_

4. Email Address: \_\_\_\_\_  
(Please Include 4-Digit Zip Code Extension)

5. Are you a student?  No  Yes If yes, Name of Institution \_\_\_\_\_

6. Are you an employee or former employee of Purdue University?  No\*  Yes\*\*  
\*If no, name of Employer \_\_\_\_\_ \*\*If yes, dates of employment at Purdue \_\_\_\_\_

7. If you are a current employee of Purdue, do you have an approved Form 32A *Request for Approval for Outside Activities* (Required)?  No  Yes

8. Do you have immediate relatives employed at Purdue?  No  Yes  
If yes, please list name(s) and department(s): \_\_\_\_\_

9. Citizenship and Residency - Used to determine appropriate tax withholding and reporting (check only one)  
**H1B, F2, TN, and O1 visa holders are not eligible for compensation for independent personal services.**  
Residency Status:  US Citizen  Permanent Resident (Green) Card # \_\_\_\_\_  
 Non-Resident Alien Visa Type: \_\_\_\_\_  
**Non-Resident Aliens, please complete your Glacier file** [www.online-tax.net](http://www.online-tax.net) (required)

**STOP!** If this arrangement is **long-term consulting** (more than 20 calendar days or multiple payments), **DO NOT COMPLETE Sections B., C., and D.** at this time. Complete Form 22, Request for Approval for Consulting Services, obtain approvals & forward to the Tax Department, FREH, with a copy of this Form 21.

**B. Payment Information**

To authorize payment for services rendered, complete Sections B, C, and D, and forward with Invoice Voucher (Form 56) and appropriate documentation to BOSO.

Description of Services/Reason for Payment: \_\_\_\_\_

Was the work performed outside the United States?  No  Yes Is this a progress payment?  No  Yes\*

Period Covered by Payment: \_\_\_\_\_ \*If yes, is this a final payment?  No  Yes

Itemized Payment:	Fee/Rate	Quantity	Total	Foreign Curr.
Honorarium/Fees for Service:	\$ _____	X _____	= \$ _____	_____
Expenses: Airfare			= \$ _____	_____
Ground Transportation	\$ _____	X _____	= \$ _____	_____
Subsistence: Food	\$ _____	X _____	= \$ _____	_____
Lodging	\$ _____	X _____	= \$ _____	_____
Other _____	\$ _____	X _____	= \$ _____	_____
Total Invoice Amount			\$ _____	_____

Account Number	G/L Account	Cost Center	Order	WBS Element	Fund	Earmarked Funds

**C. Payee Certification**

Note: The Internal Revenue Service does not require your consent to any provision of this document other than the certification required to avoid backup withholding.

By Signing this invoice I a) Certify that this invoice is correct and just, the amount claimed is legally due, after allowing for all just credits, no part of the same has been paid, no part will be paid by another entity, nor will any expenses claimed here be used as a deduction for tax purposes; b) Certify that I am not a Federal employee; c) Agree that all inventions and materials first developed or produced as a result of the above described consulting activities will be reported to Purdue and all rights, both domestic and foreign, to inventions and materials first developed or produced as a result of the above described consulting activities shall be retained by Purdue University, and d) Agree not to disclose any information furnished by Purdue University that was identified as proprietary information.

Under penalties of perjury, I certify that: e) The number shown on this form is my correct taxpayer identification number, f) I am not subject to backup withholding, and g) the information regarding citizenship in A.9. above is correct.

Signature of Payee: \_\_\_\_\_ Date: \_\_\_\_\_

**D. Verification of receipt of deliverables and/or services by individual with first-hand knowledge**

By signing below, I certify that the services described in Section B. are essential to the project, that internal resources are not available to perform the work, and the consultant's fees are appropriate. I also certify that the services have been received, including any report(s) due.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Title/Position: \_\_\_\_\_