THE UNIVERSITY OF TEXAS AT AUSTIN

AUTHORIZATION OF PROFESSIONAL SERVICES

Approval is requested to compensate the individual named below for the services described:

NAME: _____ UT EID or DOC ID: _____

PERMANENT ADDRESS: _____
Street City State Zip

NATURE OF SERVICES: ❑ Guest Lecturer ❑ Continuing Education ❑ Conference Participants ❑ Other Professional Activities

DESCRIPTION OF SERVICES: _____

_____

_____

QUALIFICATIONS: _____

_____

EMPLOYMENT STATUS: ❑Non-State Employee ❑Federal Employee

❑ Other State of Texas Institution or Agency Employee
Identify: _____

Aprroved: _____ _____
President/Agency Head Date

❑ UT Austin Employee
Title: _____
Dept. _____
Disposition of Duties: _____

Approved: _____ _____
Chairperson/Director of employee's dept. Date

NEPOTISM STATEMENT: Name, relationship, title, and department of any University employee or regent who is related to the above individual.

PROPOSED PAYMENT:

Rate: _____ (daily rate)
Total Fee: _____
Transportation: _____
Other (Specify): _____
Estimated Total: _____

Period of Appointment: _____
Account Title(s): _____
_____
Account Number(s): _____
_____
Requesting Dept.: _____
Form Prepared By: _____
Mail Code: _____ Phone: _____

APPROVALS:

_____ _____ _____ _____
Chairperson/Directors Date Vice President Date

_____ _____ _____ _____
Dean Date for President Date

GRANT OR CONTRACT CERTIFICATION: The services provided by this consultant are (1) essential and cannot be provided by available UT Austin personnel, (2) a selection process based on expertise and ability has been employed and this consultant is the most qualified individual available, (3) the fee is reasonable considering the nature and extent of the services required, (4) proper documentation is on file to support these standards, and (5) for UT Austin employees the conditions set forth in Section 3.19 of the Handbook of Operating Procedures has been satisfied and the consultant is

❑ named in the approved grant/contract, **or**

❑ approved in writing by the granting agency.

Federally Funded? ❑ Yes ❑ No

Individuals classified as independent contractors must indicate acceptance of Terms and Conditions for Federally Sponsored Projects listed on the bottom of the Employee/ Independent Contractor Checklist.

_____ _____
Principal Investigator Date

NON-EMPLOYEE TRAVEL REIMBURSEMENT STATEMENT OF INTENT: With respect to travel expenses to be reimbursed under this authorization, it is my intent to:

❑ **not** provide an accounting for expenses. All amounts will be reported as non-employee compensation on IRS form 1099.

❑ provide an accounting for all expenses, and include required original receipts. I understand that amounts not adequately accounted for may be reported as non-employee compensation on IRS form 1099.

COMPLETE THIS SECTION AFTER SERVICES ARE PERFORMED:

I have performed the above services for the _____ Department of the University of Texas at Austin during the period _____ to _____ .

_____ _____
Signature Date