

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

<input type="checkbox"/> Other State of Texas Institution or Agency Employee Identify: _____ Approved: _____ <small>President/Agency Head Date</small>

<input type="checkbox"/> UT Austin Employee Title: _____ Dept: _____ Disposition of Duties: _____ Approved: _____ <small>Chairperson/Director of employee's dept. Date</small>

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:

_____	Date	_____	Date
<small>Chairperson/Directors</small>		<small>Vice President</small>	
_____	Date	_____	Date
<small>Dean</small>		<small>for President</small>	

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.

_____ Date
Principal Investigator

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 _____.

_____ Date
Signature