This form is required to request consultant services, confirm funding availability and encumber the contract amount in the university accounting system for all contracts of $600 or more and for honoraria of any amount.

Vendor Name: ____________________________  
Address: _________________________________  
City: __________________ State: _______ Zip: _______  
Country: ____________________________  

Requisition  
Scope of work and summary of services provided  

Funding Source  
- Univ. Funded  
- Federal Grant *  
- Non-Fed Grant *  

Contract Dates  
Start: _______  
End: _______  
Sponsor: _______  

Certain sponsored projects impose a cap on the maximum hourly/daily rate a consultant may be paid. If this position is subject to a salary cap, I certify that the rate requested below does not exceed the maximum amount allowed.

Rate may not exceed: _______ per hour; _______ per day  

Costs may not exceed: _______ for Services; _______ for reimbursements; _______ Total  

Total number of payments _______ to be charged to: 

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<tr>
<th>Account (4)</th>
<th>Fund (2)</th>
<th>DeptID (5)</th>
<th>Program (5)</th>
<th>Project/Grant (6,9)</th>
<th>Amount</th>
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Total: 0.00  

University Approval  
I have reviewed the scope of the work and estimated cost of the requested consultant services and approve this request. I understand that no work may begin until Accounts Payable approves independent contractor status and a contract is signed.

Department Head/P.I. Date  
Budget Manager or Dept Head. Date  

Dean or Assoc. VP if >$10k Date  
Executive VP if > $100K Date  

* Grant Funded for Consultant or honorarium: By signing, P.I also certifies that the consultant is needed, a selection process was employed, fee is appropriate, and funds to pay are both uncommitted and approved by sponsor.
**Determine Consultant Status**

Vendor Name: ____________________________ Tax ID - SSN \ ITIN \ EIN: ____________________________

Address: __________________________________

City: __________________ State: _______ Zip: ________

Country: ______________________________________

1. Is the proposed consultant a former Brandeis employee or student?  
   - [ ] Yes  
   - [ ] No

2. Do they provide similar services to other clients and or business outside the university? Please attach a copy of their business card, copy of their advertisement, or letterhead to this form.
   - [ ] Yes  
   - [ ] No

3. Do they engage in entrepreneurial activities in an established business, at risk for profit or loss?
   - [ ] Yes  
   - [ ] No

4. Will they receive any training, supervision, or instruction from Brandeis University other than conveying the scope of services desired?
   - [ ] Yes  
   - [ ] No

5. Will they be responsible for determining means and methods to use to perform services?
   - [ ] Yes  
   - [ ] No

6. Will they provide their own supplies, equipment, forms, etc necessary to perform services?
   - [ ] Yes  
   - [ ] No

7. Do they maintain sufficient insurance to protect against work related injuries and damage to University property?
   - [ ] Yes  
   - [ ] No

8. Will they set their own priorities on time, amount of effort, and hours of work to accomplish services within stated time frame?
   - [ ] Yes  
   - [ ] No

9. How will they be paid?
   - [ ] Hourly Rate
   - [ ] Set Fee

10. Will they have control over hiring or supervising Brandeis University employees?
    - [ ] Yes
    - [ ] No

11. Is this the first time they will perform services for Brandeis University?
    - [ ] Yes
    - [ ] No

12. If “no” to #11, what other department(s) at Brandeis have used this consultant?

I certify that the above information is accurate and complete to the best of my knowledge.

Signature of requestor: ____________________________ Date: ________________

AP use only

[ ] Agreement Number: ____________________________

Encumbered amount: ____________________________ Date: ________________ Name: ____________________________

New Vendor: _______ Vendor Short Name: ____________________________ W-9 ____ W-8BEN ____

Approved by: ____________________________ Date: ________________