



Brigham Young University – Hawaii REQUEST FOR INDEPENDENT CONTRACTOR PAYMENT

Requesting Department:	Type of Service:
Name of Individual:	Doing Business as:

PROJECT DETAILS

This Payment Amount:		From:	To:
Full Contracted Amount:	Total Amount Paid to Date:	Cost Center:	Spend Category:
Mail Check to: <i>[if requesting 'Check' instead of Direct Deposit]</i>		<input type="checkbox"/> Check if Requesting 'Direct Deposit' <i>[only if account form in on file]</i>	

INITIAL APPROVALS/AUTHORIZED SIGNATURES

<i>Dean/Associate Dean/Director/Supervisor</i>	<i>Financial Services Director/Controller [For requests of \$2,500 or below]</i>	<i>Vice President [For requests over \$2,500]</i>
<i>Date</i>	<i>Date:</i>	<i>Date:</i>

CHECK LIST OF COMPLETED DOCUMENTATION

Independent Contractor Questions and Documentation** <i>(Approved by HR before the IC begins the service)</i>	Completed RFICP with Initial Approvals
Contract or Agreement	Invoice
W-9 or W-8BEN**	Cost Center and Spend Category
Workday Supplier Add Form**	**First-time suppliers only

Submit this form and all completed documentation to the Human Resources office for final approval

FINAL APPROVAL/AUTHORIZATION SIGNATURE FOR PAYMENT

<i>Human Resources</i>	<i>Date</i>	<i>Date submitted to Financial Services</i>
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