



INDEPENDENT SERVICE PROVIDER CONTRACT (ISP)

INSTRUCTIONS FOR USE:

The purpose of this form is to be used for contracts with individuals engaged in technical, professional or specialized skills such as guest speakers, athletic officials, consultants, performers and to request honorarium payments to individuals who:

- Provide one-time nonrecurring services.
- Are to be paid \$10,000.00 or less (no receipts required, all payments reportable as taxable income);
and
- Who are not otherwise employed by the Nevada System of Higher Education (which includes CCSN, DRI, and GBC, TMCC, UNLV, UNR, WNCC, or NSHE System Administration).

Payment exceeding \$10,000.00 and/or travel expenses are to be reimbursed after completing the engagement. Please see instructions to submit a UNLV Independent Contractor Agreement (**ICA**) for payments over \$10,000.00.

Before the ISP contract is initiated ISP status must be determined: Complete the Evaluation for Determining Independent Service Provider Status (page two of this package).

If an individual is neither a U.S. Citizen nor a lawful "permanent" resident (green card holder), additional documents may be required, please see the last page of this package for additional information and contact the Assistant Controller for Accounts Payable at 895-1143 before proceeding with this ISP document.

When negotiating this one time payment, determine if the payment will consist of a fee as well as travel expenses; remember the total of the contract **MAY NOT EXCEED \$10,000.00**. Although recommended a traveler make his/her own travel arrangements, the department may prepay certain travel expenses, such as lodging, and airfare. Vehicle rental and arrangements are the sole responsibility of the traveler.

Best Practice Example: Traveler to make own arrangements: Total cost to the department and payable to the traveler = \$900.00 the check may be available during the visit if requested.

Alternative Example: Traveler with university prepaid arrangements: \$500.00 fee + \$75.00 for two days of meals, less one hosted lunch + \$250.00 for Airfare prepaid by P-card, + \$110.00 for one day of lodging prepaid by P-card: Total department cost = \$935.00 + hosted meal. Payable to Traveler = \$575.00 after the trip has ended.

If meals and lodging are included in your contract negotiation, the daily allowance is \$45.00; (Breakfast \$10.00; Lunch \$15.00; Dinner \$20.00) If any hosted meal is anticipated, the meal allowance for that meal must not be considered in the allowance for that day.

Lodging may not exceed \$150.00/night, including any taxes for stay during Sunday – Thursday, and \$175.00/night, including taxes for stay during Friday - Saturday. These rates may be exceeded on a case-by-case basis, with proper approval of the President, Provost, Vice President, Dean or Director.

Prepayment method - For travel expenses in cases where the payment to the individual is \$10,000.00 or less, and you would like to offer transportation and lodging:

- Lodging may be prepaid by P-Card; Lodging may also be prepaid by UNLV by method of a payment voucher accompanied by the hotels confirmation of the reservation.
- Rental Vehicles are the responsibility of the contractor and may not be billed to a university contracted agency.
- Airfare may be prepaid by method of P-card or the Travel Authorization Form on the Accounts Payable web site at: <http://accountspayable.unlv.edu/forms.html>

Once you have determined the status of the payee to be a true ISP and negotiated the contract: Complete and submit the signed ISP contract, a signed W-9 (if a U.S. Citizen) or (W-8BEN if international), the evaluation for determining ISP status, a flyer announcing the engagement, invitation letter or complete the exhibits page included in this package to: Accounts Payable mail stop 1053 for non-grant or non-NRA's; send to the Office of Sponsored Programs mail stop 1055 if charging a grant account and to the Non-Resident Alien tax specialist mail stop 1015 if the person is not a U.S. citizen.

DO NOT SEND THIS SHEET TO THE CONTRACTOR; KEEP FOR YOUR REFERENCE. SEND ONLY APPLICABLE PAGES TO THE CONTRACTOR. FAX SIGNATURES ARE ACCEPTED.

UNLV **Evaluation for Determining Independent Contractor Status**

Hiring departments are responsible for providing information to properly classify individuals as employees or independent contractors. The following questions are intended to measure the extent of control which the University/NSHE may exercise over the worker. Generally, if there is a good deal of control over what the worker does and how the worker does the work, there should be an employee relationship established (EDOC). If there are few elements of control, an independent contractor relationship may be appropriate.

	<u>Yes</u>	<u>No</u>
1. Must the service provider follow substantial instructions? If yes, describe the Type of direction and control and who will supervise the services: <div style="border: 1px solid black; height: 15px; width: 300px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are substantive training, guidance, and/or assistance provided to the contractor?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is the contractor's job substantively integrated in the general operation of the Department/University/NSHE?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are services rendered personally by the contractor?	<input type="checkbox"/>	<input type="checkbox"/>
5. Does the contractor hire, supervise, and pay assistant workers?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does the arrangement contemplate continuing or recurring work? If yes, explain: <div style="border: 1px solid black; height: 15px; width: 400px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
7. Does the University/NSHE establish set hours of work?	<input type="checkbox"/>	<input type="checkbox"/>
8. Is there a full time requirement?	<input type="checkbox"/>	<input type="checkbox"/>
9. Will the service be performed on the University/NSHE premises?	<input type="checkbox"/>	<input type="checkbox"/>
10. Does the University/NSHE require that the work be done in a specific order or sequence?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is regular accountability required?	<input type="checkbox"/>	<input type="checkbox"/>
12. Is payment by the hour/week/month as opposed to payment by the task/job completed?	<input type="checkbox"/>	<input type="checkbox"/>
13. Does the University/NSHE furnish equipment, tools or supplies to the contractor?	<input type="checkbox"/>	<input type="checkbox"/>
14. Can the contractor be discharged even if the contract terms are being met?	<input type="checkbox"/>	<input type="checkbox"/>
15. Does the contractor have the right to terminate without contract liability?	<input type="checkbox"/>	<input type="checkbox"/>
16. Is NSHE the only client for whom these or similar services are actively provided?	<input type="checkbox"/>	<input type="checkbox"/>
17. Has the contractor performed this or other services for the University/NSHE in the past? If yes, when? <div style="border: 1px solid black; height: 15px; width: 400px; margin-top: 5px;"></div>	<input type="checkbox"/>	<input type="checkbox"/>
18. Will business and travel expenses be the departments' responsibility?	<input type="checkbox"/>	<input type="checkbox"/>
19. Will the department provide or invest in supplies and or equipment?	<input type="checkbox"/>	<input type="checkbox"/>
20. Will the individual depend solely on this contract for personal invoice?	<input type="checkbox"/>	<input type="checkbox"/>

ISP#

Vendor #



INDEPENDENT SERVICE PROVIDER CONTRACT (ISP)

Payee Information

All information is required (including answering questions A-C below):

Service Provider Payment Information:

FULL NAME
Last Name (Please Print or Type) MI First Name

U.S. TIN/Social Security Number
Payee must complete Form W-9 (if a U.S. Citizen) or W-8BEN (if International)

Engagement Date(s) to
MM/DD/YY MM/DD/YY

Total Payment Amount \$ Check Due Date
(Not to exceed \$10000 use ICA if above this amount) (Not before end date)

Mailing Address (number)
(PO Boxes are not accepted)

City State Zip

A) Is the payee a current or former (within the current calendar year) employee of any institution of the Nevada System of Higher Education?

If the answer to question A is yes, do not proceed with this form. Process the payment on an employment document.

Yes No

B) Is the payee a member of the same household as a NSHE employee?

If the answer to question B is yes, do not proceed with this form. Under the Board of Regents "Conflict of Interest" policy (B/R Handbook, Title 4, Chapter 10), payment is not allowed.

Yes No

C) Is the payee a U.S. citizen or lawful permanent resident (green card holder)?

If the answer to question C is no, contact the NRA tax specialist at 51243. "See information regarding U.S. tax information for Nonresident Alien Consultants and Guest Speakers.

Yes No



Independent Service Provider Contract (ISP)

Account Information:

Fund	Agency	Organization	Object	Sub-Object	Amount

Not to exceed \$10,000

Invoice:

Description:

Notes on disposition of check if not to be mailed to payee's address:

The Nevada System of Higher Education is an equal opportunity/affirmative action employer and does not discriminate on the basis of race, color, religion, sex, age, creed, national origin, veteran status, or physical or mental disability in any program or activity it operates. The NSHE employs only United States citizens and individuals lawfully authorized to work in the U.S

Payee must complete and attached Form W-9 (if a U.S. citizen/resident) or W-8BEN (if international)

PAYMENT AUTHORIZATION: Based on the above, It is my determination that the payee meets the guidelines for one-time, nonrecurring payment.

_____	<input type="text"/>
Authorized Accounts Signature	Date
<input type="text"/>	
Printed Name of Authorized Signer	
<input type="text"/>	<input type="text"/>
Department	Mail Stop
<input type="text"/>	
Department Contact	
<input type="text"/>	<input type="text"/>
Telephone Number	Fax Number

AGREEMENT: I have read and agree to the above representations and assert that they are true and correct.

_____	_____	
Payee Signature	Date	
Mailing Address (PO Boxes are not accepted)		
_____	_____	
City	State	Zip
_____	_____	_____
Phone Number	Fax Number	
e-mail address		

CONTROLLERS OFFICE REVIEW

By: _____ Date: _____