

Faculty: Fill in unchecked portions.
 Indep Contractor: Fill in checked portions.

PAYMENT TO INDEPENDENT CONTRACTOR University of North Carolina at Chapel Hill

1. Name of Independent Contractor:	
✓2. Home Address of Independent Contractor:	
3. Complete description of services rendered, including date(s) and where services will occur (for example, where a lecture or workshop will be presented):	
✓4. Estimated number of hours:	
5. Amount Charged:	\$
6. Account and/or Promise Number:	

I understand that I am required to provide on this form my Social Security number so that UNC-Chapel Hill can satisfy its tax obligation under North Carolina and federal laws. Unless I have stricken through this sentence and put my initials beside this sentence, I voluntarily permit UNC-Chapel Hill also to use my Social Security number as a personal identifier for other internal record-keeping and data processing operations of UNC-Chapel Hill.

✓ _____
 Social Security Number of Independent Contractor

✓ _____ / _____
 Signature of Independent Contractor / Date

Date Submitted: _____