



AUTHORIZATION FOR EMPLOYMENT OF CONSULTANTS

****EMPLOYEES OF UWG ARE NOT ELIGIBLE AS CONSULTANTS****

Name of Consultant:	
SS # or Federal ID Number:	
Billing Address:	
Phone #:	
Fax #:	
Email:	

Consultant should complete the below information if there is no vendor profile on file or if there have been any changes in profile since the last dates of service.

Type of Organization:

Individual (not owning a business) Partnership If checked, please sign and date below to complete.

If not an Individual, please complete all questions below and sign and date to complete.

Sole Proprietor Partnership

Corporation Government Entity

Other (Please describe) _____

Exempt from backup withholding (Refer to W-9 for instructions or questions)

Type of Business

Large Business Small Business

Minority Owned (please select appropriate sub-category below)

African America Asian American Native American Pacific Islander Hispanic

Female Owned Other

Gender:

Male Female

Consultant Signature: _____

Date: _____

The below section should be completed by UWG employees only:

Dates of Service:	
Description of Services:	
*Amount of Compensation:	

***Do not include reimbursable expenses as part of the amount of compensation. Non-employee travel should be completed on a separate form and issued through the UWG Travel Department.**

Is consultant currently employed by another Board of Regent Institution? Yes No

*If yes, please also complete a separate form for Employment Compensation Agreement Between Institutions.

I certify that the information provided on this form is true and correct and that the above consultant was NOT employed by the University of West Georgia during the above dates of service:

Approved by: _____

Date: _____

**** Attach this authorization to the Check Request Form ****