

ARIZONA STATE UNIVERSITY (ASU)
Departmental Professional Services Order

This form serves as an order for outside independent contractor services, and upon completion of services, a receiving report. This form can only be used when the total amount paid for services is \$10,000 or less. ALL THREE CERTIFICATION STATEMENTS MUST BE SIGNED BEFORE PAYMENT WILL BE MADE. If the service provider is currently a benefits eligible ASU employee, he or she must be paid for services through the supplemental payroll process, unless there are extenuating circumstances and the procurement is approved by the Executive Director of Purchasing.

Section 1: ORDER FOR SERVICES. (ASU departments complete and give a copy to service provider before work begins.)

Name of Service Provider: _____

Mailing Address: _____
(street) (city, state) (zip+4) (country)

ASU Vendor Number: _____

Phone: _____ Fax: _____

Service to be provided and public purpose justification: _____

Date(s) of service: _____ # of days worked: _____ Fee: \$ _____

Location(s) where services will be provided _____

Section 2: EXPENSE SUMMARY. (Total meal and lodging expenses should not exceed allowed rates for Maricopa County. Charges in excess of those allowed under ASU Travel policies will require a written justification and may, at the discretion of Financial Services, require dean, provost, vice provost, or vice president approval. See Financial Services Travel Page <http://cfo.asu.edu/fs-travel-perdiem> for the current lodging and per diem rates.)

Cost of transportation (Attach passenger receipt of airline ticket or travel agency invoice.) \$ _____

Lodging (Attach original receipt.) \$ _____

Meals (Original receipts required if total meals and incidental expenses exceed \$49.00 per day.)

Date	Breakfast	Lunch	Dinner	Total	
_____	_____	_____	_____	_____	\$ _____

Other (Specify, e.g., airport shuttle. Attach original receipts for any item in excess of \$25.) \$ _____

TOTAL EXPENSE REIMBURSEMENT \$ _____

AGENCY/ORG to be charged _____

Section 3: SIGNATURE OR ACKNOWLEDGEMENT OF SERVICE PROVIDER. (If the service provider is currently employed by ASU in any manner, the service provider must complete and file a Disclosure of Substantial Interest form with the ASU Office of General Counsel. If the service provider is related to any ASU employee, the service provider should advise the ASU employee who is a relative to file a Disclosure of Substantial Interest form. The Disclosure of Substantial Interest form is available on-line at <http://www.asu.edu/counsel/forms.html#conflict>.)

I certify that the above information is complete and accurate. Any expenses paid to me or on my behalf by ASU have been excluded from the reimbursement claim above. I certify that I am not currently a benefits eligible ASU employee. For fees to be charged against federal funds, I certify that I am not employed by the federal government and the amount charged to ASU does not exceed my normal charge for the type of services provided. I also hereby acknowledge that as an independent contractor I am responsible for federal self-employment taxes and all other federal and state taxes associated with such an arrangement.

Signature of Service Provider _____ Date: _____

Section 4: AUTHORIZATION OF USE OF FUNDS AND CERTIFICATION OF USE.

(To be completed by project director for sponsored accounts and by org manager or authorized signer for non-sponsored accounts.)

I hereby authorize the expenditure of funds and certify that the following conditions are met:

1. Outside services are essential because:

2. The service provider was selected using the following objective criteria:

3. The compensation agreed to be paid in accordance with this request is justified, and was based upon:

- _____ rate paid to service provider in his/her home institution;
- _____ rate customarily paid to service provider by federal and/or nonfederal contracting agencies;
- _____ other, please

In accordance with university policy and ARS Section 38-501 to 38-511 (conflict of interest), I certify that neither I, nor any relative of mine, will benefit financially from this outside services order.

Signature of Org Manager or Authorized Signer
(for sponsored accounts this must be the project director) Date: _____

Section 5: CERTIFICATION OF COMPLETION OF SERVICES.

I certify that the named service provider has completed the services described on page 1 of this Departmental Professional Services Order form, or if I will be presenting the check to the service provider, that services will have been completed prior to presentation.

Signature and Title of ASU Official Acknowledging Completion of Services Date: _____