THE MARSHALL UNIVERSITY FOUNDATION INC. NONEMPLOYEE COMPENSATION / INDEPENDENT CONTRACT AGREEMENT

This form must accompany each request for payment to an individual for honorariums, commissions, fees, lectures, awards or any other fixed and determinable sums which qualify under the Internal Revenue Service's definition of non employee compensation.

TO BE COMPLETED BY INDIVIDUAL RECEIVING PAYMENT:

Name Home Address			
Social Security #			
Are you a Marshall University Employee?	Yes	No	
For purposes of assuring the correct informati check one of the following:	on return is filed v	with the IRS regarding this p	payment, please
1. I am a citizen or national of the U	Inited States.	•	
2. I am an alien lawfully admitted for permanent residence (Alien Number A).			
3. I am an alien authorized by the In States (Alien Number or Accemployment authorization, if any	dmission Number		
I hereby certify that my name, home tax information returns I file with the Internal of America or an authorized alien eligible to we be paid to me in full and no federal, state, FIC Unemployment Compensation insurance, or of understand that The Marshall University Found the Internal Revenue Service and that I am res	Revenue Service a work in the United A or Medicare tax ther employee-relation Inc. will file	and that I am a citizen of the States. I understand this co ses, Workmen's Compensationated benefits will be withheld the appropriate information	e United States ompensation will ion or ld. Further I on return with
Signature of Recipient		Date	
TO BE COMPLETED BY TH	E MARSHALI	UNIVERSITY SPONS	SOR:
The purpose of this non employee compensation	on in the amount o	of \$ is as follows:	
I hereby certify the purpose for which this non is now due and payable as agreed upon.	-employee compe	nsation is being paid has bee	en fulfilled and
Signature of MU Sponsor		Date	

Revised 10/04