

**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)

Social Security or Taxpayer Identification Number: \_\_\_\_\_ (for nonresident aliens, if taxpayer identification number has been applied for but not received, indicate "ITIN applied for" and date of application)

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 \$54.00 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: \_\_\_\_\_

