

# Independent Contractor



## Payment Request Form

This form is used in the case an Independent Contractor does not have an invoice readily available. The Independent Contractor should complete all information below and send to [invoices@rowan.edu](mailto:invoices@rowan.edu) to initiate payment.

Section 1: Independent Contractor Information			
Service Provider's Name:		Banner ID:	
Address:			
PO #:		Invoice #:	

*If not a U.S Citizen or resident alien, payments may be subject to withholding under Internal Revenue Code § 1441*

Section 2: Services Provided					
Qty:	Description:	Service Start Date:	Service End Date:	Unit Price:	Total:
				Total Due:	

**NOTICE:** If payment includes reimbursables, please provide itemized receipt(s). The full payment amount will be taxable if no receipts are provided.

Section 3: Independent Contractor Signature			
Signature:		Date:	
Phone Number:		Email Address:	