

# Non-employee Independent Contractor Payment Voucher

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Email: \_\_\_\_\_

Event description: \_\_\_\_\_

Event date/time: \_\_\_\_\_

Event location: \_\_\_\_\_

Payment rate/info: \_\_\_\_\_

**Voucher must be signed by independent contractor and agency representative approving the payment.**

This is to certify that I have performed the assigned duties of \_\_\_\_\_  
as listed above for SUNY Cortland at the specified location, and that I am due in full the  
amount of \$ \_\_\_\_\_ for these service.

Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_

(Independent Contractor)

Approved: \_\_\_\_\_

(Agency Representative)

Attach voucher and completed W-9 to disbursing order and submit for payment.

7/28/06