

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