

PRAIRIE VIEW A&M UNIVERSITY
To be Determined
Determination of Independent Contractor Status

Proposal or Project Number: _____

Research Administrator: _____

Individual Name or Types of Individuals: **To be Determined**

1. Description of services to be provided: _____

2. Will this individual be an outside consultant, NOT employed by Prairie View A&M University?

3. Will regular oral or written reports be required to be submitted by the individual?
___Yes ___No If yes, describe: _____

4. Where will the services be performed? _____

5. Will the consultant furnish any tools or materials? ___ Yes ___No
If yes, describe: _____

6. Period of performance for the services: From: _____ To: _____

7. Amount and type of payment: _____

8. Payment justification: _____

Signed By: _____

(Date)