



North Carolina Agricultural & Technical State University
Procurement Services

Authorization Request for Contractual Services

Revised 07/08/2020
Form P100

This form shall **NOT** serve as a contract. This form is to obtain the required approval prior to a commitment and/or an individual providing/performing a service for the university. This form should be completed by the university department requesting the service and submitted a minimum of 7-10 days prior to the service or performance. This form must be completed for any monetary value for the service being rendered including an honorarium.

Instructions

- Complete the Authorization Request for Contractual Services Form. Attach the completed form to an AggieMart requisition. Important Note: Ensure to provide a detailed scope of work the individual is providing the university.
 - If the supplier is new, request the individual provide a copy of a current tax document. Attach the completed tax document to the requisition. Important Note: Please do not complete the tax document for the supplier or send a copy of a blank tax document to the supplier. Always direct the supplier to www.irs.gov to select the appropriate document to submit to the university.
 - If the total amount being paid to the individual does not exceed \$1500, request a quote from the individual.
 - If the total amount being paid to the individual exceeds \$1500, Procurement Services will issue a contract to the individual.
- Process the requisition by placing the order. The requisition will route to the appropriate university areas for approval (i.e. Contracts and Grants, Title III, Procurement Services). These areas will review and process the request as appropriate.

SECTION I: TYPE OF SERVICE

Please check the applicable field.

- A. Guest Lecturer/Instructor:** A Guest Lecturer shall be defined as an individual distinguished in their field of specialization who shall visit NC A&T for two weeks or less to lecture or interact with students, faculty or staff.
- B. Speaker:** A Speaker shall be defined as an individual distinguished in their field of specialization who shall visit NC A&T to provide speaking engagements, such as keynotes and symposia. In no event shall a speaking engagement exceed two weeks.
- C. Performer (ie. Disc jockeys, dancers):** A Performer shall be defined as an individual distinguished in his or her field of specialization who shall visit NC A&T and conduct artistic classes or performances and the number of performances shall be minimal.
- D. Researcher:** A Researcher shall be defined as an individual distinguished in his or her field of specialization who shall perform research under the supervision of a NC A&T professor or employee.
- E. Consultant:** A Consultant shall be defined as an individual distinguished in their field or specialization who shall provide expertise and recommendations for consideration and/or input.

Explain in detail the nature of the service(s) being provided below (Attach a separate document if required):

Requested dates of service:	Start Date:	End Date:
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Background Information

First Name:	Last Name:	Middle Initial:
Phone Number:	Email:	Fax:
Street Address:		
City:	State:	Zip:
Are you a citizen of the United States or U.S. Resident Alien? Yes <input type="checkbox"/> No <input type="checkbox"/>		
<i>If Yes: Attach an IRS W-9 Form located at (www.irs.gov)</i>		
<i>If No: Attach a University Foreign National Information Form and W8 or W9 if applicable located at https://hub.ncat.edu/files/administrative/foreignnatlinformationform.pdf</i>		
If Non-Resident Alien:		
Have you resided in the U.S. more than 31 days in the current year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you resided in the U.S. for more than 183 days over a 3-year period, including the current year? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Do you have a green card? Yes <input type="checkbox"/> No <input type="checkbox"/>		
Did you obtain a green card within the last 12 months? Yes <input type="checkbox"/> No <input type="checkbox"/>		
SSN\ITIN or Banner #:		

SECTION II: RELATIONSHIP WITH THE UNIVERSITY

A. Are you a currently student of the University? Yes <input type="checkbox"/> No <input type="checkbox"/>
B. Do you currently work for the University as an employee? Yes <input type="checkbox"/> No <input type="checkbox"/>
C. Has the University extended you an offer of employment? Yes <input type="checkbox"/> No <input type="checkbox"/>
D. Do you have a relationship with any person working in the department/division requesting services? (ie. Relatives, spouse, partner, significant other, etc.) Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, Identify the relationship:</i>
E. Have you worked as an employee of the University (i.e. received wages) during the 12 months prior to the date of this form? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, What was your job title?</i>
<i>Dates of employment:</i>

SECTION III: EMPLOYMENT STATUS

A. Are you an employee of the State of North Carolina? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, Specify the agency:</i>
<i>Will the service(s) be rendered on your own time? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
<i>Do you have permission from your supervision to provide requested service(s)? Yes <input type="checkbox"/> No <input type="checkbox"/></i>
B. Are you a Federal employee? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, Specify the agency:</i>
<i>Job Title:</i>
<i>Duties/Responsibilities:</i>
C. Are you currently serving on active duty in the U.S. Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, Branch:</i>
<i>Rank:</i>
<i>Job Title/Duty:</i>
D. Are you an Ordained Minister/Clergy? Yes <input type="checkbox"/> No <input type="checkbox"/>
E. Are you an Elected Official? Yes <input type="checkbox"/> No <input type="checkbox"/>
<i>If yes, Indicate which applies: Local <input type="checkbox"/> State <input type="checkbox"/> Federal <input type="checkbox"/></i>

SECTION IV: CLASSIFICATION GUIDELINES

Complete the information.

PART A.

1. Will you teach a course from which students will receive credit toward a degree? Yes No

2. Will the University provide you course materials and tools? Yes No

3. Will the University reimburse you for course related expenses? Yes No

4. Have you been invited, as a guest speaker, to lecture in a seminar, colloquium, class, ect? Yes No

If the answer to questions 1-4 is "Yes", you are considered an employee. If "No", proceed.

5. Will you be providing services to the University for less than 10 days? Yes No

6. Is there an admission fee for your service(s)/event? Yes No

If Yes, Does the service(s)/event generate revenue?

If Yes, Explain how the fees will be used.

If Yes, Where will the fees be deposited?

SECTION IV: CLASSIFICATION GUIDELINES CONTINUED

Complete the information.

PART B.

1. Have you provided the same or similar services to other unrelated entities or to the general public? Yes No

2. Will your period of service be performed within a finite time frame? Yes No

3. Will the department/division provide you instructions, supplies, equipment to perform the required services? Yes No

4. Will the University set the number of hours and/or days of the work week that you are required to work? Yes No

5. Will you be providing services to the University for less than 10 days? Yes No

6. Do you engage in entrepreneurial activities in an established business at risk for profit or loss? Note: Check yes if you've worked for multiple unrelated persons or firms or have made your services available to the public on a regular and consistent basis.
Yes No

7. Is there an admission fee for your service(s)/event? Yes No

If Yes, Does the service(s)/event generate revenue?

If Yes, Explain how the fees will be used.

If Yes, Where will the fees be deposited?

8. Will there be items for sale? (ie. Souvenirs, books, recordings, etc.) Yes No

If Yes, who will be responsible for the sale of items?

SECTION V: COST

Specify all cost for rendering the requested service(s). (ie. fees, transportation, lodging, meals, etc.) Cost not indicated and authorized will not be paid, in any form, by the university.

A. What is the total estimated cost of the service(s) to be rendered?

B. Identify the source of funding for the service(s)? Auxiliary Contract & Grants State Other

If Other, Specify:

If Grant, Award Period:

Provide Banner Fund/Index:

C. Is this an honorarium? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes: How much? (Honorariums must be under \$600.00):				
D. The cost is:	Fixed Flat <input type="checkbox"/>	Milestone Based <input type="checkbox"/>	Hourly Rate <input type="checkbox"/>	Other <input type="checkbox"/>
If Other, Specify:				

CERTIFICATION	
I hereby certify that the information provided on this form is true and correct: <input type="checkbox"/>	
Signature:	Date:

SECTION VI: DEPARTMENT APPROVALS	
It shall be the responsibility of the originating end-user department to determine the named recipient is not currently nor shall be a NC A&T employee during the event date(s). Should the above definition(s) not satisfy the department needs, contact Procurement services at 336-334-7555	
Name of Requester:	Name of Budget Manager:
Signature:	Signature:
Date:	Date:

SECTION VII: BUSINESS & FINANCE AND HUMAN RESOURCE USE ONLY

Purchasing Department Assessment

Conducted By:	Date:
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Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
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If Denied, Explain:

Foreign National Administrator

Conducted By:	Date:
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Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
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If Denied, Explain:

Contracts and Grants Assessment: (REQUIRED)

Conducted By:	Date:
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Approved <input type="checkbox"/>	Denied <input type="checkbox"/>
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If Denied, Explain: