

**SAM HOUSTON STATE UNIVERSITY
AUTHORIZATION OF PROFESSIONAL/CONSULTING SERVICES**

Approval is requested to compensate the individual named below for the services described

NAME: _____

PERMANENT ADDRESS: _____
Street City State Zip

NATURE OF SERVICES: Guest Lecturer Continuing Education Conference Participants Other Professional Activities

DESCRIPTION OF SERVICES: _____

QUALIFICATIONS: _____

EMPLOYMENT STATUS: Non-State Employee Federal Employee

Other State of Texas Institution or Agency Employee
 Identify: _____
 Approved: _____
President/Agency Head Date

SHSU Employee
 Title: _____
 Dept. _____
 Disposition of Duties: _____

NEPOTISM STATEMENT: Name, relationship, title, and department of any University employee or regent who is related to the above individual.

PROPOSED PAYMENT:

Rate: _____ (daily rate)
 Total Fee: _____

Transportation: _____
 Other (Specify): _____
 Estimated Total: _____

Period of Appointment: _____

Account Title(s): _____

Account Number(s): _____

Requesting Dept.: _____

Form Prepared By: _____

Mail Code: _____ Phone: _____

APPROVALS:

Chairperson/Directors Date

Dean Date

Vice President Date

for President Date

GRANT OR CONTRACT CERTIFICATION: The services provided by this consultant are (1) essential and cannot be provided by available SHSU personnel, (2) a selection process based on expertise and ability has been employed and this consultant is the most qualified individual available, (3) the fee is reasonable considering the nature and extent of the services required, (4) proper documentation is on file to support these standards, and the consultant is

- named in the approved grant/contract, **or**
 approved in writing by the granting agency.

Federally Funded? Yes No Principal Investigator _____ Date _____

NON-EMPLOYEE TRAVEL REIMBURSEMENT STATEMENT OF INTENT: With respect to travel expenses to be reimbursed under this authorization, it is my intent to:

- not provide an accounting for expenses. All amounts will be reported as non-employee compensation on IRS form 1099.
 provide an accounting for all expenses, and include required original receipts. I understand that amounts not adequately accounted for may be reported as non-employee compensation on IRS form 1099.

COMPLETE THIS SECTION AFTER SERVICES ARE PERFORMED:

I have performed the above services for the _____ Department of Sam Houston State University during the period _____ to _____.

Signature Date