



INDIANA UNIVERSITY
 OFFICE OF STUDENT ORGANIZATION ACCOUNTS
 Bloomington

STATEMENT OF SERVICE

DESCRIPTION OF SERVICE:

Description of Service, *including* date of service and name of student organization:

REQUIRED PAYEE INFORMATION:

Taxpayer Identification Number/Social Security Number: _____

Citizenship:

US Citizen/Permanent Resident Alien **OR** Non-Resident Alien/Visiting Presenter – International*

***(ADDITIONAL FORMS REQUIRED: W-8BEN, INTERNATIONAL SHORT TERM VISITOR TAX COVER SHEET, AND PHOTO COPY OF PAGE OF VISA WITH STAMP FOR ENTERING U.S.)**

IU Employee?: Yes No

If Yes: University ID # _____

IU Affiliation:

Regular Hourly Student Hourly Professional/Support Staff Academic

Current University Department: _____ Campus Phone # _____ - _____

Tax-Related Information (complete each question):

Is the Taxpayer ID Number listed above an FEIN? Yes No

Do you routinely provide the same or similar services to the general public as part of a continuing trade or business? Yes No

Do you offer your service to the general public through advertising, solicitations, etc.? Yes No

Do you provide service under a registered or licensed business name? Yes No

Do you have a written contract for a specific period of time (<30 days) or to complete a specific result? Yes No

Will the organization provide you with specific instructions regarding your performance of the required work rather than relying on your expertise? Yes No

PAYEE AFFIRMATION:

I, _____, certify that I performed the services described above.
 (PRINT LEGAL NAME)

Signature of Payee: _____ Date: _____

Payee's Telephone: (____) ____-____ Payee's E-mail Address: _____

Payee's Remittance Address: _____



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STUDENT ORGANIZATION APPROVAL:

Total Payment Amount: \$ _____ **OR**

Hourly rate: \$ _____ and number of hours worked: _____

Organization Name: _____

Signature of Treasurer: _____ Date: _____

Signature of Advisor: _____ Date: _____