**VERIFICATION FOR PAYMENT OF SERVICES RENDERED TO AN INDIVIDUAL**

Project # & Title

Name of Service Provider

Address

Dates of Service

Description of Service

Amount $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The above named individual has been retained to perform services as indicated. I have determined that the individual should be classified as an:

* Employee. Funds equivalent to gross pay and related taxes/fringe costs should be remitted to University of Hawaii account (# and title)

for processing.

* Independent contractor. Compensation shall be payable directly to him/her upon submission of an invoice. The individual's taxpayer identification number (SS#) is

\_\_ \_\_ \_\_ - \_\_ \_\_ - \_\_ \_\_ \_\_ \_\_. In addition, he/she is\_\_\_\_\_\_ is not\_\_\_\_\_ subject to backup withholding.

* The above named individual is currently an employee of the University of Hawaii or a non-resident alien and funds should be remitted to University of Hawaii account (# and title) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ for processing.

*I certify that the determination of the individual's classification was done in accordance with   
University of Hawaii Administrative Procedure #A8.230 and is true and correct to the best of my knowledge. I understand that the University of Hawaii may be subject to federal and/or State tax, penalty and interest liability because of any inaccurate information provided.*

Signed by /

Account Administrator Date

Signed by /

Account Administrator Date