

Dartmouth College
Consultant/Independent Contractor Statement & Disclosure

Print Form

Reset Form

Independent Contractor Information

Full Legal Name/No Abbreviations Or Nick Names

(*If you are a sole proprietorship provide your individual filing name and social security number. In addition to your individual filing name please provide your business name on the line indicated.)

Business Name

Permanent or Business Address

City

State

Zip

☐ Yes ☐ No

E-Mail Address

Current or past Dartmouth College employee

Phone Number

Fax Number

Social Security Number/Employee Identification Number

Requisition Number

PO Number

Check One: ☐ Individual ☐ Sole Proprietorship ☐ Partnership ☐ Corporation ☐ Other (Please indicate below)

*For the purpose of this form, the term "Independent Contractor" will refer to both Independent Contractors and Consultants.

The College desires to obtain services from the Independent Contractor as described below. The Independent contractor is in the business of providing such services.

1.Scope of Work

The Independent contractor will consult with and advise the College on matters and/or perform services relating to

The consultation and/or services will produce the following results

2.Place of Work

The Independent Contractor will perform the work described above from a place of business located at

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3.Control of Job

In performance of the services described above, the Independent Contractor is free from direction and control by the College both as to the final results and as to the details of when, where and how the work is to be done.

4.Payment

Dartmouth College will pay the Independent Contractor the sum of \$

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Such payment shall be a lump sum or in installments as follows:

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5.Term

The Independent Contractor's services shall commence on

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, 20

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and will continue through

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, 20

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Signature of Independent Contractor _____

Date

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Chart String / PTAE0 String

Entity(2)	Org(3)	Funding(6)	Activity(6)	SubActivity(4)	Natural Class(4)						
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Project(6)	Task(4)	Award(6)	Exp. Type(5)	Org(3)							
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Principal Investigator certification (required if payment charged to sponsored project)

Name

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I certify that:

The below services are needed and cannot be provided by employees of Dartmouth College.

A selection process has been employed in order to secure the most qualified individual available.

The fee is appropriate considering the qualifications of the consultant, his/her normal charges, and the nature of the services provided.

Signature of Principal Investigator _____

Date

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College Approval

Department approved and/or reviewed by (signature) _____

Date

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OSP approved and/or reviewed by (signature) _____

Date

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