



# California State University, San Bernardino Independent Contractor Invoice

<b>AP Use Only:</b>	
Vendor #	_____
Voucher#	_____
Date Entered	_____
Entered by	_____
Stock #	_____
Check #	_____
Amount	_____
Check Date	_____
Reviewed by	_____

Payee Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security/Federal ID#: \_\_\_\_\_  
 Payee Data Record Form:  On File (verified w/AP)  Attached

- Guest Lecturer (specify topic) \_\_\_\_\_
- Other (please specify service) \_\_\_\_\_

Department Name: \_\_\_\_\_  
 Department Contact: \_\_\_\_\_  
 Contact Phone#: \_\_\_\_\_ Contact email: \_\_\_\_\_

Account	Fund	Dept ID	Program	Class	Proj/Grant

Authorized Signature approving expenditure from above chart field: \_\_\_\_\_

Service Period Covered			Amount of Invoice*
From:	To:	Time:	

**\*Payment for this service not to exceed \$10,000.00 combined total without prior Purchasing Approval**

As an Independent Contractor with no employees, or as a sole proprietorship, CSU does not require you to have Worker's Compensation Insurance while performing work on the CSUSB campus. However, be advised that you are responsible for your own medical expenses should you sustain any injury and/or become injured/ill on the job while performing a service at/or for California State University, San Bernardino. Furthermore, you agree that you and/or anyone on your behalf will not attempt to recover any damages for such injuries and/or illnesses. Nor will you or anyone file a lawsuit naming the State of California, Trustees, CSUSB or any State employee as being responsible for your injury/illness should you become injured/ill while performing a task or service for CSUSB.

You acknowledge that you are an Independent Contractor or Sole Proprietor **not** an employee of the State of California. You acknowledge that you are responsible for your own medical expenses. Furthermore, you agree not to hire any licensed or unlicensed subcontractor to do the work and that you will personally perform the work yourself (no exceptions).

\_\_\_\_\_  
 Signature of Independent Contractor

\_\_\_\_\_  
 Date

**Certification** (to be completed by University Manager/Designee supervising service/event):  
 I hereby certify that the above noted services have been performed as stated and there is no exception. I further certify that I have reviewed the Independent Contractor Determination and Payment Procedures located on the CSUSB Accounts Payable website; have determined from this review to the best of my knowledge and understanding that this individual qualifies as an Independent Contractor; and that I have contacted the Assistant Vice President of Human Resources to verify that this individual is an independent contractor and CSUSB employee status does not apply.

\_\_\_\_\_  
 Signature of University Manager/Designee supervising service/event

\_\_\_\_\_  
 Date

NOTE: Person certifying that services have been completed may not be the same person approving expenditure of funds.

**Submit to:** Accounts Payable  
 Sierra Hall 105  
 CSUSB 130B Revised 06/18/08