

TOSR 5/01

TEXAS ENGINEERING EXPERIMENT STATION Reference # _____
Request for Approval to Pay Consultant/Lecturer or
Professional & Non-Professional Services Compliance _____

Approval is requested to pay the below named individual for providing the indicated services for the Texas Engineering Experiment Station (TEES).

Name _____ Social Security Number _____

Title _____ Citizenship (if other than US or Permanent Resident) _____

Visa Type _____ (Attach Form 8233, copy of visa and copy of I-94)

Permanent Mailing Address: _____

Have you ever been employed by the State of Texas? (If yes, where? Please give beginning and ending dates.) ___ Yes ___ No

Historically Undertuiled Business (HUB) means a corporation, sole proprietorship or joint venture for the purpose of making a profit in which at least 51 percent of all classes of the shares of stock or other equitable securities are owned by one or more persons who are socially disadvantaged because of their identification as members of the following groups who have suffered the effects of discriminatory practices or similar insidious circumstances over which they have no control:

___ Black American ___ Male ___ Female ___ Asian Pacific American ___ Male ___ Female ___ Woman
 ___ Hispanic American ___ Male ___ Female ___ Native American ___ Male ___ Female
 ___ Certified by Texas Department of Commerce. Section 1.02(3), Article 601b, V.T.C.S.

Are you a certified HUB with the State of Texas? ___ Yes ___ No

If no, would you like more information about becoming certified with the State? ___ Yes ___ No

Biographical Information is mandatory for payment to Professional Service Providers and Consultant. Please attach as applicable.

Payee Signature _____ Date _____

Nature of Services to be performed:

___ Consultant (written agreement required) ___ Professional Services
 ___ Lecturer (Research) ___ Other Contracted Services (Over \$2000 state money or \$5,000 local money requires purchase requisition)

Description of Services to be performed (be specific): _____

Proposed Payments: (Attach Agreement)

Date(s) of Requested Services (Inclusive):

Transportation \$ _____
 Meals & Lodging \$ _____
 Fee \$ _____
 Other (Specify) \$ _____
 Estimated Cost \$ _____

From: _____ To: _____
 Account/Project to be Charged: _____
 Total Not to Exceed: \$ _____

Certification:

The services provided by this Consultant/Lecturer/Professional/Non-Professional person are 1) essential and cannot be provided by persons receiving salary support under the grant or otherwise compensated for their services, 2) a selection process has been employed which sustains that the payee is the most qualified individual available, considering the nature and extent of the services required, 3) the fee is appropriate, 4) proper documentation is attached which supports the first three standards, and 5) the Consultant/Lecturer/Professional/Non-Professional person (is) (is not) specifically named and approved in the grant/contract proposal or a reviewer paid by the program sponsor if sponsored funds are being used, 6) the services are not being performed in any TAMU/TAMUS facility.

Requested by _____ Date _____

Director, TEES Office of Sponsored Research _____ Date _____

Division Head _____ Date _____

Assistant Vice Chancellor, Engineering _____ Date _____

Return completed form to: _____ Mail Stop or fax # _____