

Acknowledgement of Service

Vendor Only - The University of Texas at San Antonio

This form must be attached to the corresponding eForm

Service Type: NEW RENEWAL

Does this record require UTSA Resources/Accesses: YES NO

Date

VENDOR INFORMATION

Vendor Name

Vendor Address - Include Address, City, State and Zip Code

Purchase Order Number

INDEPENDENT CONTRACTOR INFORMATION (must correspond to title on eForm)

Last Name

First Name

MI

Date of Birth MM/DD/YYYY

Contractor Address - Include Address, City, State and Zip Code

Contact Phone

Email Address

Type of service performed (primary duties)

Dates of Service (mm/dd/yyyy)

From:

To:

Has this independent contractor completed a successful criminal background check (CBC)?

YES NO

If NO, CBC is required.

CBC Date Submitted:

ACKNOWLEDGEMENT OF SERVICE

The department/vendor is attesting that the services are for the duration of the dates stated above. The department/vendor has also informed the independent contractor that he/she is not an employee of UTSA and is not eligible for benefits, including Worker's Compensation Insurance. The department/vendor acknowledges that this independent contractor will not have a role with research. If there is any type of role with research, this form cannot be used, please refer to UTSA's POI web page.

Vendor Name, if applicable

X

Vendor Signature, if applicable

Print Vendor Name, if applicable

Date:

DEPARTMENT INFORMATION

Department Name, if applicable

X

Signature, if applicable

Print Name, if applicable

Date:

FOR UTSA EMPLOYMENT DEPARTMENT USE ONLY

Independent Contractor Position ID Number:

Cost Center/Project ID:

Is this position associated with a vacant position?

YES NO

Vacant Position Number: