

School of Social Welfare - Purchase Services/ Independent Contractor or Consultant Form

- Please be sure a Purchase Order is completed prior to commencement of any services.
- Never pay out-of-pocket for services due to tax implications for yourself and the vendor.
- For Independent Contractors be sure to include: Conflict of Interest Certification, Certificate of Liability Insurance, & Classification Worksheet for Federal Tax Purposes.
- Please see <https://socialwelfare.berkeley.edu/Purchasing-Services> for additional information.

Vendor/Individual Name:

Provide a brief explanation of how the purchase or service is used to support the Instructional/ Dean's Office/ Research activity:

Description of Services

Qty	Description of Item	Amount
Subtotal:		
Sales tax:		
Shipping:		
TOTAL:		

Requester's Signature: _____ Date: _____

Requester's Printed Name: _____

Approver's Signature: _____ Date: _____

Budget Manager or Principal Investigator Authorization

Chartstring:

*Account will be populated by swdesk

1						
	Account*	Fund	Dept ID	Program	ChartField1	ChartField 2
2						
	Account*	Fund	Dept ID	Program	ChartField1	ChartField 2