**COLORADO STATE UNIVERSITY-PUEBLO**

**PROCUREMENT SERVICES**

**Small Dollar Services Form**

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| 1. ***Purpose: To be used to support payment for small dollar services under $2000 to an Individual/Vendor for Services.***
2. ***Must verify with Human Resources that Individual/Vendor is not a current Colorado State University-Pueblo Employee or Student Employee.***
3. ***Determination must be made as to whether the Individual/Vendor is an Employee or Independent Contractor.***
4. ***Determination must be made as to whether the Individual/Vendor is a PERA retiree. If so, Individual/Vendor must complete PERA Disclosure Form as per directions below.***
 |
|  |
| **Purposes of Services (Include Description of Services, Date and Time of Services, etc.)** |
|       |
| **Total Services Amount** |       |
|  |
| **Vendor/Individual Information** | **Department Contact Information** |
| Name:       | Department Name:       |
| Citizenship:        | Contact Person:       |
| Address:       | Campus Phone:       Fax:       |
| Address:       | Campus Building and Room #:       |
| City, State, Zip:       | Email Address:       |
| Country:       | Authorizing Individual:       |
|  | Authorizing Individual Title:       |
|  |  |
| Has this person been/vendor been a CSU-Employee in the last 6 months? Yes [ ]  No [ ]  If yes, Explain: |
| Is this person/vendor a PERA Retiree? Yes [ ]  No [ ]  If so, direct individual to the PERA Disclosure of Compensation form attached. |

Department Head Authorizing Signature Date

Fiscal Officer Signature Date

|  |
| --- |
| **When all necessary signatures have been obtained:**1. **Forward the Small Dollar Services Form, the completed Employee vs. Independent Contractor Form, the completed W-8/W-9, and the Small Business Self Certification Form to Procurement Services Office.**
2. **Procurement Services will make a determination of whether the individual/vendor is an independent contractor or employee.**
3. **If determined to be an independent services contractor, individual/vendor will be entered into Kuali, and a copy of the small business certification form will be returned to the department.**
4. **Department enters RQ and attaches the completed Small Dollar Services form.**
5. **Once services are complete, forward a copy of this form along with Purchase Order (PO) Number to Accounts Payable for payment.**

**NOTE: An invoice is required with vendors (LLC, corporations, partnerships, etc.). Pleased attach to this form when forwarding to Accounts Payable for payment.** |

|  |  |  |  |
| --- | --- | --- | --- |
| PO Number: | Dept. Signature Authorizing Payment: |  |  |

 Signature Date

Revised 07/25/2018

**Employee vs. Individual Independent Contractor Form**

Determining whether a worker is an independent contractor or an employee requires several relevant facts to be considered. These relevant facts fall into three main categories: 1) behavioral control, 2) financial control, and 3) relationship of the parties. Therefore, it is important to consider all the facts in making a determination. The following questions will assist determining whether the individual performing the work for Colorado State University-Pueblo should be classified as an employer or independent contractor. Payments to employees are subject to tax withholding, and independent contractors are subject to IRS reporting on Form 1099 and Self-Employment tax.

Payee Name:

PERA Retiree? [ ]  Yes (See PERA Disclosure of Compensation Info – Next Page) [ ]  No

Department Preparer Name:      Preparer Phone #

|  |  |
| --- | --- |
| Has the payee worked as an employee for CSU-Pueblo in the last 6 months? |  [ ]  Yes [ ]  No |
| Does the payee have an FEIN Tax Payer Identification Number which they will be paid for work? |  [ ]  Yes [ ]  No |
| Does the service provider have a significant investment in his/her business venue (facilities, tools, marketing insurance, etc.) and is the work to be completed significantly different than what a CSU-Pueblo employee would perform |  [ ]  Yes [ ]  No |
| Will service provider receive instructions on how, when, and where results are to be achieved? |   [ ]  Yes [ ]  No |
| Will service provider receive specific training from the University on how to accomplish the service? |   [ ]  Yes [ ]  No |
| Will the service provider set his/her own hours to perform the contracted services? |  [ ]  Yes [ ]  No |
| Will service provider provide his/her own equipment, tools, and materials necessary to perform the contracted service? |   [ ]  Yes [ ]  No |
| May service provider accept other contracts or projects for other organizations other than the University? |  [ ]  Yes [ ]  No |
| Will the service provider be provided with a written contract to complete a specific service? Please describe in detail scope of work below? If additional space is needed, please attach documentation.       |  [ ]  Yes [ ]  No |
| Will service provide be required to provide written or oral reports on the project’s status? | [ ]  Yes [ ]  No |
| Will the service provider be paid a lump sum based on completion of phase, job or project rather than on a weekly or monthly basis? |  [ ]  Yes [ ]  No |

I certify the above responses are correct to the best of my knowledge.

Department Signature Procurement Services Signature

Human Resources Signature (if applicable)

**Procurement Services Use Only**

 W9 Provided [ ]  Yes [ ]  No

**Status:**

 [ ]  Independent Contractor [ ]  Employee

Revise 02/18

**PERA Disclosure of Compensation Instruction and Form to be completed**

If you are a PERA Retiree and performing services as an Independent Contractor for Colorado State University-Pueblo, the university is required by Colorado state law to pay employee contributions. AED and SAED contributions on salary or payments made to you for the services you have provided

The University requires you to complete a PERA Disclosure of Compensation form. The form is necessary to report PERA any compensation you have been paid for services rendered.

The PERA Disclosure of Compensation form should be completed and submitted to Payroll Services every time you receive compensation. Payroll will report your earnings and submit the appropriate amount of contributions to PERA.

Pleased note, as per the PERA Disclosure of Compensation form,”if you fail to complete the PERA Disclosure of Compensation form to PERA and the PERA employer, you will be required to pay the employer contribution amount plus interest, as well as the working retiree contribution at PERA’s actuarial investment assumption rate.”

Steps to complete the Disclosure of Compensation form:

1. Provide your full SSN in the spaces provided. Your SSN is required so PERA can allocate your compensation and contributions to your PERA account.
2. Complete the entire section titled, “To be Completed by Retiree,” sign and date.
3. On page 2 of the form you must put the exact Dates Worked, Type of Services Provided, and Compensation Received for that specific time period.

**Example**

|  |  |  |
| --- | --- | --- |
| **Date(s) Worked** | **Type of Service Provided** | **Compensation Received by Retiree** |
| 07/01/17- 09/30/2017 | Consulting  | $900 |

***NOTE: The compensation you report should not include any reimbursements for travel, materials, and other expenses.***

1. After completing the form, please forward to Payroll for completion of the Employer section and for processing.

PERA Disclosure of Compensation form can be found on the PERA website below on page 19-20 of document.

<https://www.copera.org/sites/default/files/documents/2-55.pdf>