



**SIMPLE SERVICE CONTRACT**

Individuals Only – No Companies

**Form must be completed and signed prior to the service being performed.**

This form may be used for a one-time contract under the small dollar limit in compliance with the [Simple Service Contract Guidelines](#). This form should be completed and signed by the contract prior to the service being performed. After the service has been performed, this form must be submitted in SLCCBuy as a Payment Request. By submitting this form, the department is acknowledging that the individual has performed the service outlined below and that this contract is in compliance with all applicable college policies, including conflict of interest policies.

**Payee Information**

Legal Name (name associated with SSN)	SLCC S# or SSN

Are you a retiree of Utah Retirement Systems (URS)?  Yes  No (If yes, please complete the [URS Retiree Form](#))

**Address**

Street 1	
Street 2	
City	
State	
Zip	

Phone Number

Email Address

**Preferred Payment Method (Check only one)**

<input type="checkbox"/> ACH Direct Deposit. Complete the ACH form.
<input type="checkbox"/> Check mailed to the address listed above

**Service Information**

Name of Activity

Date of Activity

Location of Activity

Amount

Description or Services to be Performed (attach SOW, if necessary)

SLCC to provide the following (if applicable)

**Terms & Conditions**

The above-named individual certifies that they are not currently an employee of Salt Lake Community College and hereby agrees to indemnify and hold harmless SLCC from any loss, liability, or damage resulting from any act or omission of the individual. SLCC agrees to pay the individual the amount listed above by the payment method indicated above after the activity is completed. It is agreed by both parties that termination of this agreement must be by mutual consent and that the individual will conform to applicable College policies.

**IRS FORM W-9 CERTIFICATION**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (as defined by IRS Form W-9 rev December 2014), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Payee Signature	Print Name	Date



## Vendor ACH Direct Deposit Authorization Form

Office Use

S- \_\_\_\_\_

Company (or individual) Legal Name (**please print**)

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Salt Lake Community College and the financial institution shown on this form are authorized to deposit directly to the account noted on this form and, if necessary, adjust any SLCC deposit entries made in error. This authority will remain in effect until a new authorization form is submitted or this authorization is rescinded in writing.

Name of Financial Institution

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Branch Phone Number (optional)

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Bank Routing #:

Email Address (to receive notification of deposit)

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Account #:

Authorizing Signature \_\_\_\_\_ Date \_\_\_\_\_

Name & Title of Authorized Signer

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Please e-mail, mail, or fax this form to:

Salt Lake Community College  
Attn: Accounts Payable  
PO Box 30808  
Salt Lake City, UT 84130-0808

Fax #: 801-997-4770  
[ap.invoice@slcc.edu](mailto:ap.invoice@slcc.edu)