

SUPPLIER REQUEST FORM CHECKLIST

Intended to support information collection necessary to submit a complete New Supplier Setup Request.

| | Supplier Legal Name | | | |
|---|------------------------------------|-------|----|--|
| | Supplier Country of Origin | | | |
| | Supplier Legal Structure* | | | |
| | Supplier Contact Name | | | |
| | Supplier Contact e-mail | | | |
| | Supplier Contact Phone | | | |
| | Supplier Contact Address | | | |
| | Is a current student? | YES | NO | |
| | Is current employee or business | | | |
| | entity owned by employee or | YES | NO | |
| | employee spouse/child? * | | | |
| | Description of Services/Product | KNOWN | | |
| | | | | |
| - | FCOE | | | |
| | USF Employee Full Name | | | |
| | USF Employee ID Number | | | |
| | Approved FCOE number | | | |
| | | | | |
| | Non Resident Alien | | | |
| | Location of the work | | | |
| | Travel Dates | | | |
| | | | | |
| | Independent Contractor | | | |
| | Nature of the work relationship | KNOWN | | |
| | Proof of Business (Business | | | |
| | license/registration; client list; | KNOWN | | |
| | screen shot of website; business | KNOWN | | |
| | cards/advertisements; attestation | | | |
| | of professional services) | | | |



| Independent Contractor – Nature of the Work Relationship | YES | NO |
|--|-----|----|
| Will the payee supervise any USF employees, Students or other independent contractors paid by USF? | | |
| para by 651: | | |
| Is the payee the primary provider of instructional/teaching/workshop services needed to | | |
| conduct classes or courses offered by USF, USF Continuing Education or a USF Department | | |
| or Unit? | | |
| Is the payee a Principal Investigator or Co-Principal Investigator on a USF administered grant | | |
| or a USF project? | | |
| Will the payee be supervised by or report directly to a USF employee who has the right to | | |
| change how the individual does the job? | | |
| Does the individual have an established business and/or are providing similar services to | | |
| customers other than USF? | | |
| Is the work performed a key aspect of the regular business of the hiring USF department | | |
| (job normally performed by USF employee)? | | |
| Is the prospective payee/independent contractor using experience or expertise gained | | |
| doing similar work as a current or former USF employee in providing the service? | | |
| Is USF providing assistance to the payee/independent contractor such as facilities, | | |
| personnel support, supplies, equipment, etc.? | | |
| Is USF providing training or education concerning procedures to be followed and methods | | |
| to be used by the payee/independent contractor in performing the services? | | |
| Is there a regular or on-going relationship with the prospective payee/independent | | |
| contractor (for example, are you paying the payee/independent contractor more than once | | |
| or engaging the payee/independent contractor over multiple years)? | | |
| Is USF required to pay the payee/independent contractor regardless of the quality or | | |
| completeness of the work (is the compensation of the work subject to profit and loss)? | | |
| Is the intended supplier a former or current USF employee (including student employment), | | |
| and the engagement is anticipated to occur in the same calendar year of employment? | | |
| Is the work to be performed a key grant deliverable and the individual is only working for | | |
| USF (lacks proof of business)? | | |