



Associate Business Manager
Telephone (212) 772-4495
Facsimile (212) 772-4399

DATE: November 1, 2004

TO: Vice Presidents, Provost, Deans, Chairpersons and Directors

FROM: John Battaglia
Director of Cash Management and Accounts Payable

RE: **Tax-Levy OTPS Payments To Individuals**

In order to comply with New York State Public Officers Law, Section 73, and the procurement and disbursement guidelines of the New York State Office of the State Comptroller, **Tax-levy OTPS ("1099") payments cannot be issued to individuals who are currently on or were on The City University of New York or New York State payroll within the last two years.** This applies to all payments made to individuals for consultations, honoraria, modeling, instructional and any other services rendered by an independent contractor.

The University Accounting Office has developed an invoice/certification form – Honoraria/Independent Contractor Service Claim (attached) that the payee must sign, certifying that they are not currently on payroll nor have they been on CUNY's or New York State's payroll during the last two years. Please make every effort to ascertain this information before entering into any agreement with the individual. However, the payee will be held accountable if they provide false information.

The original completed form must be submitted with the multi-part purchase requisition and the other required documentation – New York State Standard Voucher, original invoice, original contract or copy, and a copy of the payee's social security card. If the payee chooses, they can use this form as their invoice. Additionally, a "Service Memo" for these types of payments is no longer required; it is included in the Department Authorized section of the invoice/certification form.

attachment

The City University of New York
Hunter College
HONORARIA/INDEPENDENT CONTRACTOR SERVICE CLAIM

I. PAYEE INFORMATION (PLEASE PRINT):

FIRST NAME	LAST NAME
HOME ADDRESS	ADDRESS
CITY, STATE, ZIP	TELEPHONE NUMBER () -
SOCIAL SECURITY NUMBER - -	FAX NUMBER () -

II. DESCRIPTION OF SERVICES:

III. DATES OF SERVICES:

FROM	TO
FROM	TO

IV. PAYMENT AMOUNT - COMPLETE A OR B:

A. Contract Fee \$ _____
B. Rate per hour/day \$ _____ X hours/days _____ \$ _____

V. PAYEE CERTIFICATION:

I certify that the above services have been performed and that the payment claimed is a true and accurate representation. **I further certify that I am not currently on nor have been on The City University of New York or New York State payroll during the last two years.**

SIGNATURE	DATE
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VI. DEPARTMENT AUTHORIZATION:

I certify that the above services have been performed, that the payment claimed is true and accurate, and that the charges are authorized against the account number listed below.

AUTHORIZED SIGNATURE	DATE
DEPARTMENT NAME	DEPARTMENT NUMBER