

The University of Tennessee - Knoxville

College of Architecture + Design's  
2016/2017 Robert B. Church Lecture Series

Guest Lecturer Forms

Interactive PDF

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**Instructions for Completion of Paperwork:**

The information in this PDF is needed to process necessary information prior to your visit. Please provide this information as soon as possible to allow processing of your Contract. If we do not receive your documents in a timely manner, your payment could be delayed.

1. Once you have filled in all information needed for these documents, please **DO NOT** click the “Submit” button until you have reviewed all of the information.
2. Please review the paperwork to ensure you have not overlooked any information on the following:
  - a. Lecturer Information Form
  - b. W-9
  - c. Business Classification Form: please provide answers for entire page
  - d. Vendor Payment Selection Form
  - e. Worker Classification Questionnaire (WCQ): information on page 2 under Service Provider’s Name, Service Provider’s Phone, Existing IRIS Vendor Number or Last 4 Digits of SSN as well as the date of your lecture on the last line of the “Description of services to be performed:” section. Additionally, your signature is required on page 6.
3. After reviewing all of the information, you may then click “Submit.” After we receive your electronic submission, you will receive an email with a link to provide us with your promotional materials.



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4. Once you have completed the required forms, print all documents and hand-sign all signature required forms in blue ink as we are unable to accept electronic signatures on the listed forms. We recommend you save or scan a copy of all documents for your records.
5. Return all original documents via FedEx no later than one week after receiving the link to the paperwork information. We must have original documents and original signatures on these forms per university policy. Please send your information to:

Jennifer Flatford  
UTK – College of Architecture and Design  
1715 Volunteer Blvd., Suite 217  
Knoxville, TN 37996-2400

If you have any questions, please contact Jennifer Flatford at [jflatford@utk.edu](mailto:jflatford@utk.edu) or 865-974-5267.

**The Office of the Dean**  
The College of Architecture + Design  
1715 Volunteer Boulevard  
Knoxville, TN 37996-2400  
Phone: 865-974-5267 | Web: [archdesign.utk.edu](http://archdesign.utk.edu)

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## Church Lecture Series Lecturer Information Form

1. Name of Lecturer(s):
2. Social Security Number      OR Tax Identification Number      :
3. Date of Lecture:
4. Honorarium amount (includes airfare to Knoxville):
5. Firm/Organization:
6. Lecture Title:
7. Lecture Abstract (~100 words):
  
8. Bio (~200 words):
  
  
  
  
  
  
  
  
  
  
9. Contact Info:
  - a. Email Address:
  - b. Permanent Address:
  - c. Cell Phone Number:
10. U.S. Citizen:                      Yes                      No
11. If not a U.S. Citizen, Visa Type:

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12. If not a U.S. Citizen, Visa Expiration Date:
13. Country of Citizenship:
14. Assistant's Info (if applicable):
  - a. Name:
  - b. Phone Number:
  - c. Email Address:
15. Dates the lecturer will need a hotel room:
16. Does the College of Architecture and Design have permission to record your lecture, stream it live, and post it online?
17. Would you consider being available for on-site interviews conducted by UT students and/or media?
18. Are you interested in an exhibition of your work (if applicable and if availability exists)?

**The Office of the Dean**  
The College of Architecture + Design  
1715 Volunteer Boulevard  
Knoxville, TN 37996-2400  
Phone: 865-974-5267 | Web: [archdesign.utk.edu](http://archdesign.utk.edu)

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## Office of the Chief Financial Officer and Treasurer

301 Andy Holt Tower • Knoxville, Tennessee 37996-0100 • Phone: 865-974-2302 • Fax: 865-974-2701

### Business Classification Form

**Introduction:** The State of Tennessee and the U.S. government require The University of Tennessee to report on various types of data related to its suppliers. The University requires this form from all of its suppliers.

#### Part 1: Basic information:

Individual's or Company's legal name (name on your W-9): \_\_\_\_\_

Doing-Business-As (DBA) name (if applicable): \_\_\_\_\_

Federal ID Number: \_\_\_\_\_ (note: do not list Social Security Number)


Email (required): \_\_\_\_\_

#### Part 2: Business Classification Information:

Is your company **currently certified** by, or eligible to be certified by, the TN Governor's Office of Diversity Business Enterprises as a Tennessee Diversity Business Enterprise ("DBE")?

No, business is not a DBE.  Stop. You are finished with this form.  
The University will list your business as "Not a DBE."

Decline to answer  Stop. You are finished with this form.  
The University will list your business as "Undisclosed."

My business is eligible, but I have not applied for certification. 

My business is certified as a DBE in Tennessee. 

**Important:** If you are eligible to be certified as a DBE, but have not registered, please contact Mr. Richard Van Norman at [Richard.VanNorman@Tn.Gov](mailto:Richard.VanNorman@Tn.Gov) as soon as possible.

If you selected "Yes," please select the DBE classification that correctly identifies your **certified** DBE from the TN Governor's Office. Choose only **one**:

- African American
- Asian American
- Hispanic American
- Native American
- Woman Owned
- Small Business
- Service-Disabled Veteran Business Enterprise



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VENDOR PAYMENT SELECTION FORM

Please select one of the payment options listed below and provide the necessary information. Both pages of this form must be returned. Please call 865-974-3086, if you need assistance.

Vendor Name: \_\_\_\_\_ SSN/FEIN # \_\_\_\_\_

Vendor Contact: \_\_\_\_\_ E-Mail: \_\_\_\_\_
(Required For E-Payables and Direct Deposit/ACH)

Phone: \_\_\_\_\_

(Vendor's employee who will be posting payments received from the University)

If your company has other addresses (including remittance addresses) that will accept this same payment method and payment details, please list them below (use additional pages if necessary).

UT Vendor #: \_\_\_\_\_
(For UT use only)

ACH Notification Email: \_\_\_\_\_
(If different from Vendor Contact Email)

Payment Option -- Must Select One.

- E-Payables - This is the fastest payment method and the terms are "Net 0". For E-payables the Vendor must be equipped to process credit card payments. The vendor will be supplied a University credit card number - a plastic card will not be provided. The account will have a zero balance. However, once an invoice(s) is approved for payment, funds will be loaded to the account and a secure electronic remittance advice will be sent to the contact listed above along with approval to charge the card number for the amount of the invoice(s). The vendor will then KEY into their credit card machine the card number and amount of payment to process the payment.

Is there a dollar limit accepted on card? If so, please give limit. \$\_\_\_\_\_

(continued on next page)



- Direct Deposit, ACH – This payment method requires the vendor have a US bank account.** The payment will be direct deposited into your bank account 30 days after the invoice date or the date the goods or services were provided, whichever is later. To process this information the University needs your bank routing number and bank account number, which can be located on your checks. See illustration below.

Bank Name \_\_\_\_\_ Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings

Routing # (9 digits) \_\_\_\_\_ Bank Account # \_\_\_\_\_



Checks are the most expensive method of paying vendors. Payment by checks for domestic vendors will only be permitted in special circumstances and requires approval from the Treasurers Office. The payment terms for this method are net 40.

- Check (for Foreign vendors only)**

**Certification**

Under penalties of perjury, I certify that the above information is complete and accurate. If direct deposit was the method selected, I hereby authorize The University of Tennessee to automatically deposit payment for invoices into our account at the financial institution listed. I also authorize withdrawal transaction from the account, limited to the amount of the original deposit, in the event of an overpayment or erroneous deposit. This authorization will remain in effect until The University of Tennessee has received, in writing, our cancellation notification.

\_\_\_\_\_  
Signature of Authorized Individual

\_\_\_\_\_  
Date

Printed Name and Title \_\_\_\_\_

Please return form via one of the following:

1. **New Vendors** -- Return to University of Tennessee Department requesting information
2. **Existing Vendors** --Fax to 865-974-2701 or
3. **Mail to:**

**The University of Tennessee  
Treasurer’s Office  
301 Andy Holt Tower  
Knoxville, TN 37996-0100**

Individuals who provide a service to the University must be classified as either an **Independent Contractor (IC)** or an **Employee**.

Completing the questions below will help the University to determine the worker's classification status.

**NOTE: It is extremely important that the determination is made prior to the commencement of services.**

## Section I. Relationship with the University

<p>A. Is this individual a University employee? University employees can only receive royalty payments or payments for clinical trial participation. All other payments should be processed through payroll or an exception obtained from the Treasurer's Office</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No</p>
<p>B. Is it currently expected that the University would hire this individual as an employee immediately following the termination of his or her independent contractor services?</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No                  Treat as an Employee</p>
<p>C. During the 6 months prior to the date on which the independent contractor services commenced did the individual have an official University appointment (including temporary)? State statute prohibits payments to ex-employees for services for up to 6 months after being employed by the University.</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No                  Treat as an Employee</p>
<p>D. Will the individual be teaching a course that is <b><u>a degree prerequisite for students or provide credit for a University degree?</u></b></p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No                  Treat as an Employee</p>
<p>E. Will they perform research under the direct supervision of a university professor or employee?</p>	<p><input type="checkbox"/> Yes    <input checked="" type="checkbox"/> No                  Treat as an Employee</p>

**If the answer was "Yes" to questions B, C, D, or E – STOP! The person must be compensated through payroll and you do not need to complete this form.**

**For all other answers, proceed to Section II.**

## Section II. Personal/Background Data

Department Name: College of Architecture + Design

Prepared by Name: Jennifer Flatford

Preparer's Email: jflatford@utk.edu

Service Provider's Name: \_\_\_\_\_

Service Provider's Phone: \_\_\_\_\_

Description of services to be performed: Guest Lecturer for the Robert B. Church III Series

Be as specific as possible to allow prompt processing. Program for the College of Architecture + Design on

Existing IRIS Vendor Number \_\_\_\_\_

Last 4 Digits of SSN \_\_\_\_\_

## Section III. Department Certification

I certify that I have sufficient knowledge of the relationship in order to prepare this questionnaire, and I understand that should the Internal Revenue Service ("IRS") disagree with the classification, the University may hold my department financially responsible for any additional compensation (due to gross up, including fringe rate), taxes, interest, or penalties that the IRS or other regulatory bodies might assess.

Department Preparer's Name:  <u>Jennifer Flatford</u>	Department Preparer's Signature:  
Date:	

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**Section IV. Check all that apply.**

- Guest speakers; guest artists and performers; professional models
- Athletic game officials, contest judges or assistants
- Rental services – facilities or equipment
- Financial and legal services provided by individuals who perform these services for the general public
- Medical services provided by individuals who perform these services for the general public
- Accreditation evaluation services
- Photography or graphic services
- Provision of goods/products only
- Royalties (Can be paid to University employees)
- Research Participants (Can be paid to University employees)
- Tuning/adjustment of university musical instruments
- Prizes/contest award (If payment to UT student, approval from financial aid must be attached)
- Court Reporters
- Participant at a UT-Sponsored Workshop

**If any services are checked – STOP!! YOU ARE DONE!!**

For new vendors, the completed form should be attached to the - create a vendor request transaction in IRIS (Z XK1). For existing vendors, the form should be scanned and sent to the Systems Accounts Payable Office via email at [AP\\_Vendor@tennessee.edu](mailto:AP_Vendor@tennessee.edu).

Call 865-974-3086 if you have any questions or need assistance.

**If nothing was checked, proceed to Section V below.**

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**Section V. Complete only one category, A. OR B. OR C., depending on the type of services to be performed and then proceed to Section VI.**

If you are instructed to “Treat as an Employee,” **STOP!** These payments must be processed through payroll, and you do not need to complete this form.

## A. Teacher/Lecturer/Instructor

<p>1. Has or will the individual be engaged in this capacity fewer than 5 days in a 12 month period?</p>	<p><input checked="" type="checkbox"/> Yes May be an IC</p> <p><input type="checkbox"/> No Go to 2</p>
<p>2. Will they provide the same or similar services to other entities or to the general public as part of a trade or business?</p>	<p><input checked="" type="checkbox"/> Yes May be an IC</p> <p><input type="checkbox"/> No Go to 3</p>
<p>3. In performing instructional duties, will the University have any control over the course materials that are used?</p>	<p><input type="checkbox"/> Yes Treat as an Employee</p> <p><input checked="" type="checkbox"/> No Treat as IC</p>

## B. Researcher

**Researchers hired to perform services for a University department are presumed to be employees of the University unless they are serving in an advisory capacity.**

<p>Will they serve in an advisory capacity with a university professor or employee?</p>	<p><input type="checkbox"/> Yes Treat as an IC</p> <p><input type="checkbox"/> No Treat as an Employee</p>
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## C. Individuals Not Covered Under Sections A. or B.

<p>1. Do they provide the same or similar services to other entities or to the general public as part of a trade or business?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No                  May Be an IC</p>
<p>2. Will they provide their own tools/supplies/materials to perform the required work?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No                  May Be an IC</p>
<p>3. Will they rely on their expertise rather than receive specific instructions from the department regarding performance of the required work?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No                  May Be an IC</p>
<p>4. Can they set the number of hours and/or days of the week that they work as opposed to the University setting their work schedule?</p>	<p><input type="checkbox"/> Yes      <input type="checkbox"/> No                  May Be an IC      Treat as an Employee</p>

**Proceed to Section VI if not instructed to treat as an employee.**

**Section VI. Independent Contractor Certification (To be completed by person performing service)**

I acknowledge that the information on this questionnaire is accurate and that I will be performing any service as an independent contractor and that nothing shall be construed to create an employer/employee relationship. Being an independent contractor, I acknowledge that I would not be eligible for University benefits, and I am responsible for all applicable taxes, and insurance associated with any payments received from the University.

Independent Contractor's Name:	Independent Contractor's Signature:
Date:	

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Call 865-974-3086 if you have any questions or need assistance.



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Thank you for completing your Guest Lecture Paperwork.

Please review all materials to ensure you have not overlooked any information. If the paperwork is complete, you may now click the “Submit” button at the bottom of this page.

Once you click “Submit,” your materials will be sent electronically to

The University of Tennessee’s College of Architecture + Design.

At this time, you may save the PDF for your records. Again, please print and hand-sign in

blue ink all forms that require a signature and mail within one week to:

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