

Non-Employee Payment for Services Form

Please complete and sign this payment authorization for performing a service for SUNY Potsdam. Attach any information or documentation available that pertains to the service you are being paid for. Do not leave any section blank, as it will delay payment.

- 1) Are you a current NYS employee who is employed by SUNY Potsdam as a member of the Faculty or Staff, or as a Work-Study or Student Assistant?

Yes

No

- 2) Have you worked for and been paid by **any** NYS agency within the past calendar year in any capacity (Faculty, Staff, Student, or other)?

Yes

No

If you answered “**Yes**” to questions 1 and/or 2, then you are classified as a NYS employee and cannot use this form. If you are Faculty or Staff member, you must complete an [Employment Appointment Form](#). Secure appropriate signatures and submit the completed document to Human Resources for processing and payment. Faculty or Staff members must follow Extra Service Payment Procedures.

If you are a Student Assistant or Federal Work Study Student you have to fill out a [Student Employment Appointment Form](#). Secure appropriate signatures and submit the completed document to Human Resources for processing and payment.

If you need assistance determining your employment status, please contact Human Resources for clarification.

- 3) Description of service: _____
- 4) Dates of service: _____
- 5) Payee Name: _____
- 6) Payee Address: _____
- 7) Payee email address: _____
- 8) Payee phone number: _____
- 9) Statewide Financial System (SFS) #: _____

If you have provided a service in the past, please provide your SFS number. If you have not, you will be required complete a [Substitute Form W-9](#). Upload the completed Substitute Form W-9 using the following secure drop box: [SUNY Potsdam Procurement Secure Drop Box](#).

- 10) Payment Amount: _____
- 11) Signature of Payee: _____ Date: _____
- 12) Signature of Authorized Account Holder: _____
- 13) State Account Number: _____