



PAYMENT FOR SERVICES/CONSULTING

An executed Independent Contractor Agreement for this activity must be on file in the PAVIR office.

Date: _____

Check to: _____

Address: _____

Social Security #: _____ -- _____ -- _____

From _____ to _____ (dates), contractor provided in the following service:

Please attach the Consultant's invoice to this form.

G/L Acct.

6100 \$ _____ Consulting

Please call _____ at extension _____ when check is ready for pickup.

Please mail to address above.

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PAVIR Investigator's Signature

PAVIR Account (10 Characters)