

# BME Consulting and Professional Services Worksheet

This form should be completed to process payments and/or honorariums for service providers (lecturers, speakers, entertainers, participants in research and focus groups). Part A is to be completed by the host, and Part B is to be completed by the service provider. Questions can be directed to the BME accountant at telephone number 612/626-3332.

The completed form is to be returned to: BME Accountant, Department of Biomedical Engineering, University of Minnesota, 312 Church Street SE, Suite 7-105 BSBE, Minneapolis, MN 55455.

## **Part A: To be completed by host.**

Note: If payments are expected to be \$2,000 or greater, contact BME accountant for a Data Collection Sheet for Professional Services.

Department Contact/Host \_\_\_\_\_ Phone \_\_\_\_\_  
Budget Number (Area/Org) \_\_\_\_\_  
Estimated Expenses \_\_\_\_\_  
Justification(5W's) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**If sponsored funds will be used to pay for this service, answer all of these questions.**

Yes  No Is the work in the sponsored project's budget a consulting service?  
 Yes  No Is the work in the sponsored project's budget a sub-contract?  
 Yes  No Is the work to be performed a portion of the programmatic activities for the sponsored project?

## **Part B: To be completed by service provider (Please print):**

Service Provider's Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Phone \_\_\_\_\_  
Email \_\_\_\_\_

Service Provider Type:  Individual/Sole Proprietor  Partnership  Corporation

Yes  No Is the service provider a nonresident alien (i.e., foreign national)?  
 Yes  No Is the work being done exclusively outside of the United States?

**If service provider is an individual or sole proprietor, answer all of these questions to determine employee/employer relationships.**

Yes  No Has the individual ever been employed at the University, including Without Salary Appointments?  
 Yes  No Does the University have the right to control how the work results are achieved?  
 Yes  No Does the University provide the service provider with any training?  
 Yes  No Does the University reimburse expenses incurred by the service provider in connection with the worker's performance of services?

- Yes  No Will the University pay the service provider hourly/weekly/monthly rather than a lump sum?
- Yes  No Will the University provide the service provider with insurance, pension benefits, vacation or sick pay?
- Yes  No Does the University expect its relationship with the service provider to continue indefinitely?
- Yes  No Will the services provided represent a key aspect of the University department's regular business activity?
- Yes  No Does the service provider have a personal investment in the facilities he or she uses in performing services at the University?
- Yes  No Is this person teaching a class for credit or providing class instruction for credit?
- Yes  No Can the service provider realize a profit or loss in connection with this engagement?
- Yes  No Does the service provider make services available in the relevant market to the general public?

**If the service provider is an individual or sole proprietor, answer the following questions.**

- Yes  No Was the service performed in Minnesota?
- Yes  No Is this person a resident of Minnesota?
- Yes  No Is this person a resident of Michigan, North Dakota, or Wisconsin?
- Yes  No If YES, person is a resident of Michigan, North Dakota, or Wisconsin, is form MW-R (reciprocity) completed?
- Yes  No Is this an entertainer (that is, musician, singer, dancer, comedian, thespian, professional athlete, lecturer, or public speaker in a noncredit program setting)?
- Yes  No If 'yes' answered to previous question, was this person a public speaker?
- Yes  No Has the service provider filed a W-4 claiming exemption from Minnesota withholding, or reduced withholding?

<b>Description of expenses:</b>	Amount
(Meal reimbursements require the names of all participants; alcohol is not an allowable expense.)	_____
	_____
	_____
	_____
Attach Original Receipts	TOTAL: _____

**I certify that I have incurred the above expense(s) related to the service provided and have not been reimbursed by any other source.**

\_\_\_\_\_  
Service Provider's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Host/PI/Adviser's approval

\_\_\_\_\_  
Date

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