

Georgia State University
Service Provider Classification Worksheet
- SPCW Form -

*This Form combines and replaces all prior versions of the CIPC & WCRQ, effective 01/01/2015

GSU INFORMATION

Initiating Department	Contact Person	Tel. No.	Fax No.	Email
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SERVICE PROVIDER INFORMATION

Name of Service Provider (person). Also provide name of business (if different)

Is Service Provider a GSU employee/student employee? Yes No

Does the Service Provider have a pending contract for employment? Yes No

Is Service Provider an employee/student employee of any other University System of GA (USG) institution? Yes No

Is Service Provider a US Citizen or holder of a Green Card? Yes No

Do GSU employees have a relationship, financial or otherwise, with a party involved in this transaction (including an employee, representative, or agent of a party involved in this transaction)? Yes No

If yes, provide an explanation.

Note: Written confirmation that no conflict of interest issues are present must be provided below by an official within the hiring department. (attach additional sheet/s if needed)

SERVICES & FEES

Description of Services (attach additional sheet/s if necessary)

Total Amount to be Paid For Services (entire engagement) \$ _____

Is there a Contract? Yes No

If no contract, please explain the reason why?

If yes, does the Contract Include Reimbursement of Service Expenses to provider? Yes No

If no contract, is there a written agreement to reimburse Service Provider for expenses? Yes No

CLASSIFICATION QUESTIONS

Where will the work be performed? _____
If on GSU premises, explain why:
