

9. What expenses are incurred by contractor in the performance of service for the department/agency?

a) Is the contractor reimbursed for any of these expenses? Yes No

10. Type of pay the contractor receives:

Salary Commission Hourly Wage Piece Work Lump Sum

Other; Specify:

11. Can the contractor incur a loss in the performance of the service for the department/agency?

Yes No

12. Does the contractor have a financial investment in a business related to the service performed?

Yes No

13. Can the relationship be terminated by either party without incurring liability or penalty?

Yes No

If "No", please explain:

14. Does the contractor perform a similar service for others?

Yes No

a) If "Yes", is the contractor required to receive approval from the department/agency?

Yes No

15. What type of advertising, if any, does the contractor do? (Business directory listing, business cards, etc.)

Signature *(Individual completing this form)*

Under penalties of perjury, I declare that I have examined this request, including accompanying documents, and to the best of my knowledge and belief, the facts presented are true, correct and complete.

Signature

Title

Date

→ This form must have an original signature when submitted with the PCQ to State Accounting Enterprise.

→ Do not email this form.