

The University of Texas System Administration  
**AUTHORIZATION OF PROFESSIONAL SERVICES**

Approval is requested to compensate the individual listed below for the services described:

Name:  
Street Address:

UT EID or DOC ID:  
City, State, Zip Code:

Description of Services:

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**Employment Status:**

Proposed Payment:

**If UT System Administration Employee:**

Department:  
Disposition of Duties:

Total Fees:  
Expenses:  
Other (Specify):  
Estimated Total:  
Rate (Hourly or Daily):  
Period of Service:  
Cost Center:

**Department Head Approval:**

Signature: \_\_\_\_\_  
Name/Title:  
Date:

**If Other UT System Employee:**

**President/Chief Administrative Officer**

Signature: \_\_\_\_\_  
Name/Title:  
Date:

Department:  
Prepared by:  
Email:  
Phone:

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**Nepotism Statement:** Name, relationship, title, and department of any University employee or regent who is related to the above individual.

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**Approvals:** The services provided by this individual are (1) essential and cannot be provided by available UT System Administration personnel, (2) a selection process based on expertise and ability has been employed and this is the most qualified individual available, (3) the fee is reasonable considering the nature and extent of the services required, and (4) proper documentation is on file to support these standards.

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**Department Head, OR individual with delegated signature authority for the cost center.**

Printed Name

Title

Date

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**Director, Contracts and Procurement (If amount is greater than \$1,000)**

Printed Name

Date

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**TO BE COMPLETED BY INDIVIDUAL PERFORMING THE SERVICE:**

**NON-EMPLOYEE TRAVEL REIMBURSEMENT STATEMENT OF INTENT:** With respect to travel expenses to be reimbursed under this authorization, it is my intent to:

Not provide an accounting of expenses. All amounts will be reported as non-employee compensation on IRS form 1099.

Provide an accounting for all expenses, and include required original receipts. I understand that amounts not adequately accounted for may be reported as non-employee compensation on IRS form 1099.

I have performed the above services for the University of Texas System Administration during the period \_\_\_\_\_ to \_\_\_\_\_.

Signature

Printed Name

Date

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The APS form is only used for payment of individuals who perform services for UT System Administration and the amount paid for the services (inclusive of travel expenses) do not exceed \$2,500.

**For amounts less than \$1,000:**

APS Form is not required. Departments sends invoice, quotation or other documentation of services and amount to Accounts Payable for Payment.

**For amounts from \$1,000 to \$5,000:**

APS form must be completed and approved prior to commencement of services by the individual. Departments sends approved APS form with individual's signature confirming completion of services to Accounts Payable for payment.

**For amounts greater than \$5,000:**

A contract must be completed and signed prior to commencement of services by the individual. Departments send a copy of the contract and invoice to Accounts Payable for payment.

**Additional Requirements:**

Departments must complete and submit an Independent Contractor Checklist.

All State of Texas employees must obtain prior approval from their agency head for outside work. The department must work with the individual to identify and obtain the State of Texas employee's state agency head's approval signature for all higher education institutions and state agencies, except employees at another UT System Institution. The agency head's work approval signature is required prior to commencement of work and must be included in the payment documentation.

For individuals who hold an active appointment at another UT System Institution, the Department will obtain the signature of the other institution's chief administrative officer (or designee) in accordance with UTS 159. The institution's approval must be obtained prior to commencement of work and must be included in the payment documentation.