

**CONTRACT AUTHORIZATION REQUEST
(CAR) FORM for Independent Contractors**

CAR FORM # I

Contract Administrator Name:	Department	Date received by Purchasing
Contract Administrator's Address	Phone #	<input type="checkbox"/> Proforma ICA <input type="checkbox"/> Negotiated Agreement

<p>** If the business is not incorporated the contractor must be represented as an individual "operating as" eg: John Brown O/A ABC Company (even if the business name is registered)</p> <p><u>CONTRACTOR'S NAME & ADDRESS</u></p> <p>_____ Ph. # _____</p> <p>_____ Fax # _____</p> <p>_____ GST # _____</p> <p>_____ U of M Employee # _____</p> <p>NOTE – If contractor is an employee of the university the requisitioning department must fill in the employee number, if the contractor is not an employee of the university mark N/A in the appropriate space above.</p>	<p align="center"><u>REQUIRED ATTACHMENTS</u> FOR BUSINESSES</p> <p>(attach to CAR form)</p> <p><input type="checkbox"/> Certificate of Status</p> <p><input type="checkbox"/></p>
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ORGANIZATIONAL UNIT'S RECOMMENDATIONS: (Must be completed in detail)

1.) Summary of work to be performed: _____

2.) Why does the University need to have this work performed? _____

3.) Why is the University not hiring an employee to perform this work? _____

4.) Does the University have in-house expertise? If so why are you proposing the University contract the work out? _____

5.) Why are you suggesting this particular Independent Contractor over other suppliers? _____

ORGANIZATIONAL UNIT'S APPROVALS:
I certify that sufficient monies have been allocated from my unit budget/grant to honour the University of Manitoba's financial obligations under this agreement.

\$ _____ Sched.B excluding GST _____ **F O A P** _____ **Signature of Signing Authority (required)**

\$ _____ Sched.C (if required) _____ **F O A P** _____ **Signature of Signing Authority (required)**

LUMP SUM PAYMENT PROGRESSIVE PAYMENTS (for contracts over 60 days only)

Effective date of contract _____ End date of contract _____

I agree with the Organizational Unit's recommendations (as listed above) and acknowledge the financial obligations of the faculty/school/administrative unit.

Signature of Department Head (optional)

Signature of Dean/Director (required)

*Any consultations or recommendations the Organizational Unit has had may be presented below. (optional)

Department Consultations:

Was anyone else within the University consulted re the contents of this agreement and what were their comments?

****AREAS BELOW FOR ADMINISTRATION USE ONLY****

LEGAL COUNSEL

Proforma – Approved Changes Negotiated/Drafted Agreement

Additional Comments: _____

Legal Counsel Signature _____ Date _____

POLICY 609 Certified as to compliance Not Applicable

Authorized Signature _____

BUDGET & GRANTS - Authorization of expenditure (where insufficient funds are indicated by Aurora Finance system)

Authorized Signature: _____

HUMAN RESOURCES Employment Independent Contractor

Reasons: _____

Authorized Signature: _____

PURCHASING SERVICES:

Quotes/Tenders required Yes No Date Quotes/Tenders requested _____

Recommendations/Comments: _____

Authorized Signature _____