

**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

*\*\* 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)*

**CONTRACTOR'S NAME & ADDRESS**

\_\_\_\_\_ Ph. # \_\_\_\_\_

\_\_\_\_\_ Fax # \_\_\_\_\_

\_\_\_\_\_ GST # \_\_\_\_\_

\_\_\_\_\_ U of M Employee # \_\_\_\_\_

*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.*

**REQUIRED ATTACHMENTS FOR BUSINESSES (attach to CAR form)**  
*Select one of the following:*

Certificate of Status  
\*for Incorporated Businesses\*  
(no older than two years old)

Articles of Incorporation

Annual Return

Business Registration

**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 Tax* \_\_\_\_\_ Account Number \_\_\_\_\_ **Signature of Signing Authority on account (required)**

\$ \_\_\_\_\_ Sched.C (if required) \_\_\_\_\_ Account Number \_\_\_\_\_ **Signature of Signing Authority on account (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 \_\_\_\_\_