

The University of Texas at Austin
Exempted Services Authorization Form

Complete this form for activities that are exempt from procurement justification. Approval is required for fee and/or [travel reimbursement](#) to an individual or a large group for an activity listed below. For more than one payee, attach a list with the name, address, and UTEID (if applicable) of each payee. A completed [EICCC](#) must be submitted with this form before any payment for services can be issued.

1. Select Activity:

- Event Judges/Referees
- Workshop/Conference Attendees
- K-12 Teacher Mentors/Field Supervisors
- Advisory Board Members
- Workshop/Conference Speakers/Trainers (multiple speakers/trainers for single event only)
- Taxable prospective employee spousal/family travel (A 1099 will be issued to the prospective employee if the cumulative amount for the spouse plus all other family members' travel payments exceed \$600 in a single calendar year). Do not include on RTA. **NOTE: Prospective employee must sign this form at the bottom**

Does this include travel reimbursement?
Must comply with [HBP 11](#).

Yes No

Travel reimbursement
limit per person:

Total travel expenses to be
reimbursed:

Name:

UTEID

Permanent Address
(Number, Street,
City, State, ZIP):

Description of
Services:

Dates of Activity:

Daily/Hourly Rate (if
rate varies, include
attachment):

Total Fee:

Account(s) to be
charged:

Requesting
Department:

Contact Phone
Number:

2. Approvals:

Title: Printed Name or EID:
Date:

Signature of Requestor

Title: Printed Name or EID:
Date:

Signature of Individual with Account Signature Authority

****COMPLETE THIS SECTION ONLY IF PAYING FROM A 26 ACCOUNT****

3. Grant or Contract Certification: The activity conducted by this individual or group of individuals is/are 1) essential and cannot be provided by available UT Austin personnel, 2) a selection process based on expertise and ability has been conducted and this individual/group is/are the most qualified 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.

Named in the approved grant/contract OR

Activity approved in writing by the granting agency

Federally Funded
 Yes No

Title: UTEID:

Principal Investigator Signature Date:

****COMPLETE THIS SECTION AFTER ACTIVITY IS COMPLETE****

I have completed the activity above for the University of Texas department listed below

for the period beginning to
Printed Name: Date:

Signature of Payee