

The University of Texas at Austin  
Exempted Services Authorization Form

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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.

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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.

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:**

**Date:**

Principal Investigator Signature

**\*\*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