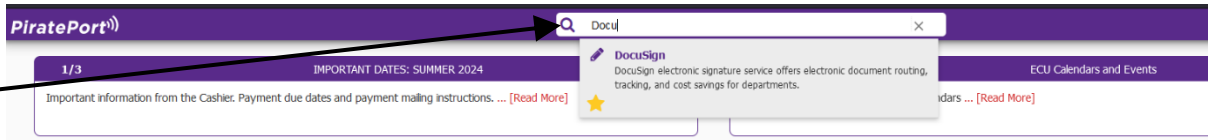
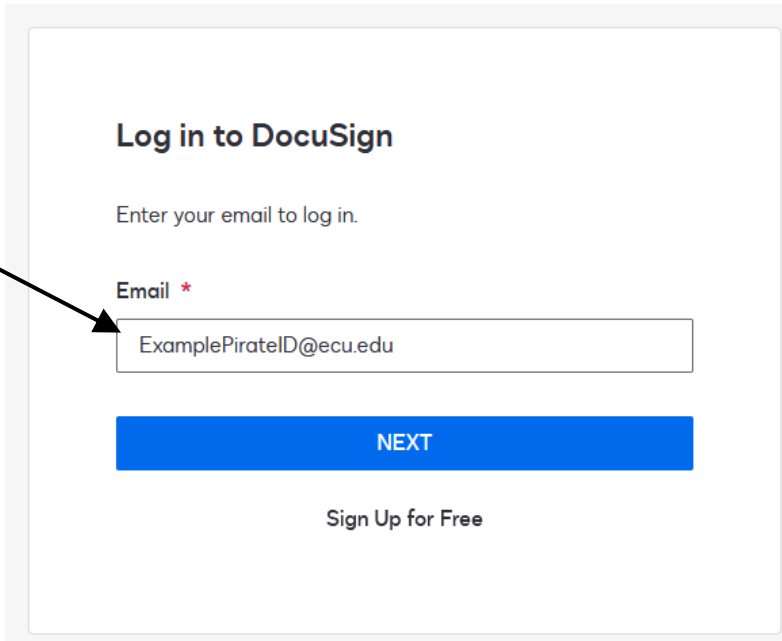


CSPR Form Requests

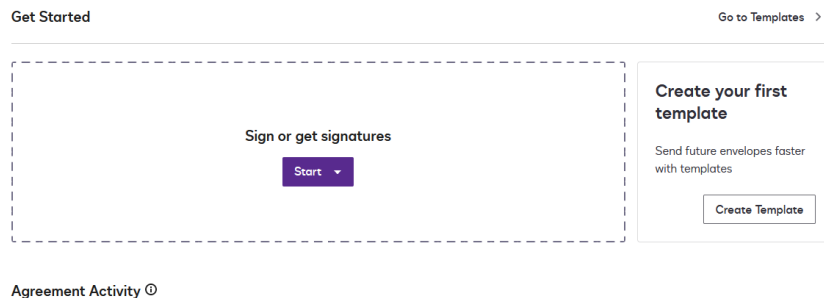
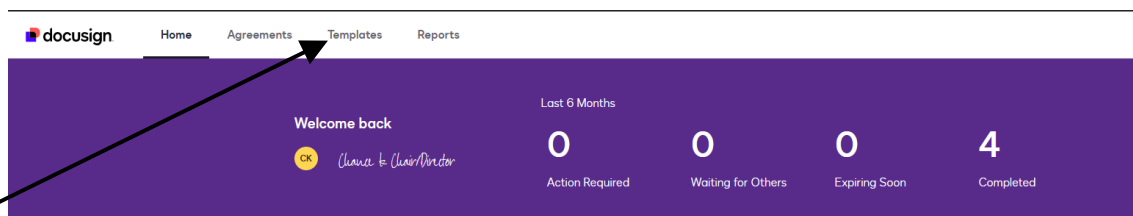
Last Updated on: 7/10/2024



1. Log in to your **PiratePort** portal.
2. Search for the **DocuSign** application and click to launch.



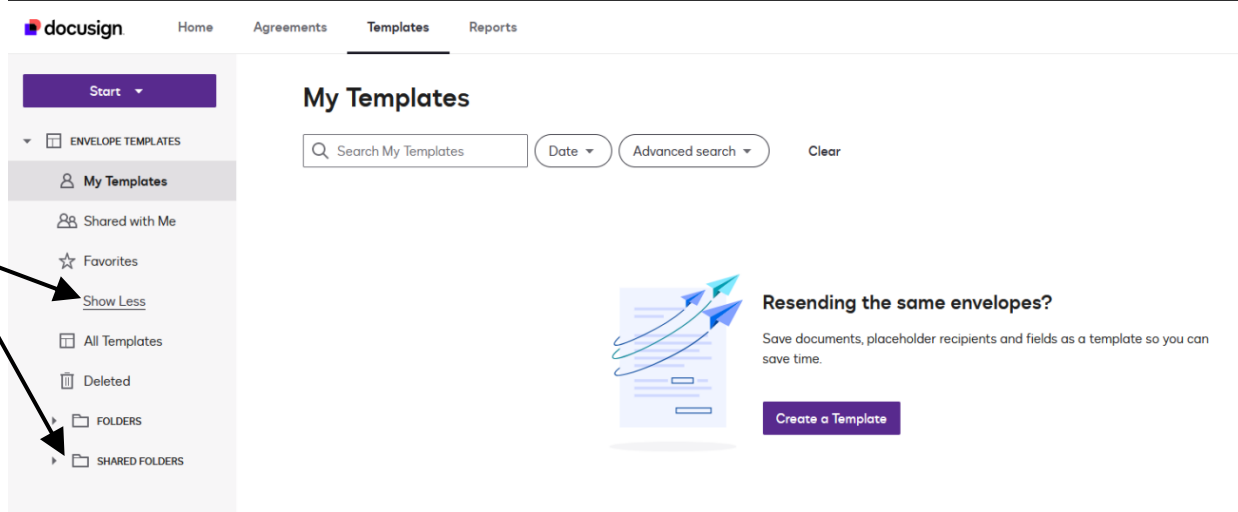
3. Log in to DocuSign or complete your account activation with **your ECU employee email** address then click **Next**.



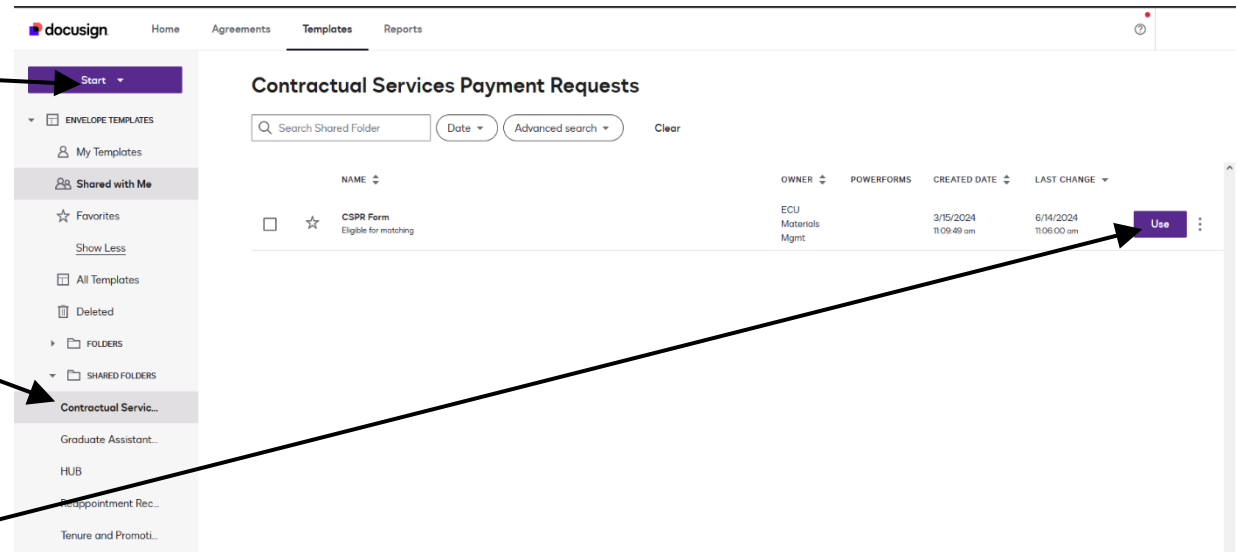
4. Find and click the **Templates** tab to locate the **Shared Folders** option containing the Contractual Services Payment Request (CSPR) template.

CSPR Form Requests

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5. Users may need to expand the menu options to see the **Shared Folders**.
6. Click **Shared Folders** to expand the option.



7. Navigate to the **Contractual Services Payment Request** subfolder and click it to find the CSPR Form template.
8. Click the **Use** button to start a new request.

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9. Add the **required recipients**.

Note: Some required signature rounds are automated and cannot be modified.

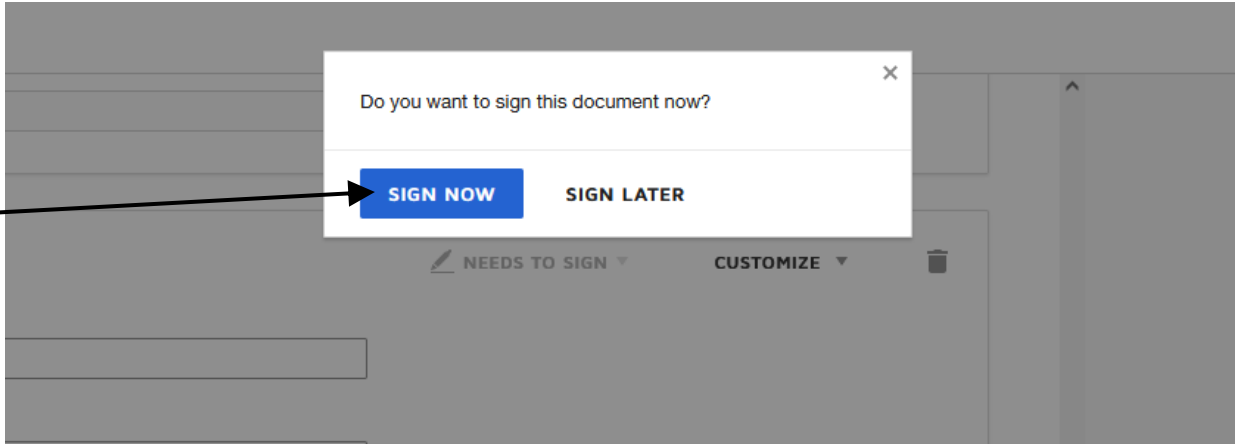
10. Scroll down through the form to complete all required fields.

11. Some signature fields may be optional. Click the **Delete** icon if these signatures do not apply to your request.

12. Once all the required recipients have been successfully entered, click the **SEND** button to begin completing the form information.

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13. The submitting **departmental Preparer** may select the option to **Sign Now** or the Preparer user entered in the signature round will receive an email notification to begin the form.

Once the CSPR has completed all required signature rounds, the document Preparer from ECU should continue the payment request through the AP submission portal at https://eastcarolinauniversity.formstack.com/forms/accounts_payable_submission.
[View Less](#)

A screenshot of the CSPR form. The form is titled "Please review the documents below." and contains various fields for payee information, including citizenship, visa status, and tax information. A yellow "CONTINUE" button is located at the top right of the form, next to "OTHER ACTIONS". A callout box with the number "14." has an arrow pointing to the "CONTINUE" button. The form includes sections for "4. Payee's Present Employer", "6. Program Participating In", "7. Dates of Participation", "8. Certification", "9. Signature of Payee", "10. Type of Services Rendered", "11. Reason for Selecting This Individual", "12. Basis of Fee", "13. FOAP FUND ORGANIZATION ACCOUNT PROGRAM ACTIVITY TOTAL", "14. Services Provided For Requestor", and "15. Certification".

14. Click the **Continue** button to complete all required fields on the CSPR form.

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Please review the documents below. FINISH OTHER ACTIONS ▾

Document Envelope ID: FA0ACC1E-F6AD-4010-800B-33BF6A6F27B7

Contractual Services Payment request East Carolina University *Do Not use to pay ECU students or employees*

1. Contractor/Payee Name
First & Initial: _____ Last: _____
or
Company: _____

2. Banner ID Number for Payee: _____
*A Banner ID is not required for a one time payment to a **speaker, entertainer, presenter, or artist** if the following conditions are met:*
a: Payment is \$300 or less.
b: Individual is not an employee of ECU or an employee of another North Carolina agency, or UNC University
c: No additional payments were made or anticipated to this individual during the calendar year
d: Individual must be a US citizen
e: Individual does not have a conflict of interest with ECU and/or have immediate family employed by ECU

3. Payee's Address
Street: _____
City: _____
State: _____ Zip: _____
Payee's Phone Number: _____
 US Citizen
 Permanent Resident (copy of Green Card required)
 Non-resident Alien Country: _____
Visa Status (copy required): _____

4. Payee's Present Employer: _____
 NC State Agency Yes No If yes, permanent, full time? Yes No
Is there an immediate family member working at ECU?
 Yes No
If yes, name & ECU dept? _____

5. Payee Information
 Student Tax Form: _____
 Employment Citizenship Code: _____
 ACH Indicator 1099 Income Type: _____
 Taxable International Rate AP Type: _____
Taxable Rate: _____

6. Program Participating In: _____ 7. Dates of Participation Begin: _____ End: _____

8. Certification: I am an independent contractor, and I understand the tax and legal implications of this particular payment to be reported on Form 1099.
Signature of Payee: _____

9. Type of Services Rendered (Detailed Description): _____

10. Were services physically rendered in NC? YES NO

11. Reason for Selecting This Individual to Perform These Services: _____

12. Basis of Fee
A day is considered 8 hours. If more/less than 8 hrs, list number of hours.
Total: _____ /day x _____ days = _____
(Total to BE REPORTED on Form 1099)

13. FOAP FUND ORGANIZATION ACCOUNT PROGRAM ACTIVITY TOTAL

FOAP	FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	TOTAL

15.

START

15. Users may navigate through each required field by clicking **Start**. A document guide will highlight each field with an indicator of **Fill In**.

FINISH OTHER ACTIONS ▾

NEXT

AP Payment Submission Portal Instructions.pdf 1 of 1

FINISH

16.

NEXT

17.

FINISH

16. Clicking the **Next** option will take the current signer to the next incomplete required field.
17. Once all required fields have been completed, click **Finish** to send the form on to the next required signature round.