



# CONTRACTUAL AGREEMENT

Fund Source: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Agree to perform the following services: (Attach separate sheet of paper if needed)

Reporting Office: \_\_\_\_\_

Dates of service: From: \_\_\_\_\_ To: \_\_\_\_\_

The rate of pay shall be \$ \_\_\_\_\_ payable on the \_\_\_\_\_ not to exceed \$ \_\_\_\_\_, including travel and all additional expenses, for the entire term of the contract.

***A federal W-9 must be completed and submitted before any payments can be processed.***

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security or Tax Identification Number: \_\_\_\_\_

Requested By: \_\_\_\_\_ Date: \_\_\_\_\_

Approval: \_\_\_\_\_

Vice President of Administrative Area (Or Department Head): \_\_\_\_\_ Date: \_\_\_\_\_

Title III Administrator: \_\_\_\_\_ Date: \_\_\_\_\_

Budget Officer, R&D Corp.: \_\_\_\_\_ Date: \_\_\_\_\_

Director of Business & Finance, RPS: \_\_\_\_\_ Date: \_\_\_\_\_