



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: _____

Requester: _____ Date: _____

Requester's Supervisor: _____ Date: _____

Department Head/Dean: _____ Date: _____

Vice President/Provost Office: _____ Date: _____

R&D Budget Officer (David Stone): _____ Date: _____

R&D Executive Director (Kimberly Duff): _____ Date: _____