



# 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: \_\_\_\_\_

Provost Office (Debbie Williams): \_\_\_\_\_ Date: \_\_\_\_\_

Title III Director (Eric Jackson): \_\_\_\_\_ Date: \_\_\_\_\_

VP Business & Finance (Timothy Henline): \_\_\_\_\_ Date: \_\_\_\_\_

R&D Executive Director (Kimberly Duff): \_\_\_\_\_ Date: \_\_\_\_\_