

The University of Southern Mississippi Separate Contracts

Purchase Req # _____

Purchase Order # _____

*** DENOTES REQUIRED FIELDS TO BE COMPLETED BY THE CONTRACTOR/CONSULTANT:**

Contractor/Consultant Name *
(Must Match Name on W-9) : _____

Address *:
Street
City
State
Zip

Contractor/Consultant's SSN/EIN *
(Must Match SSN/EIN on W-9) : _____

Contractor/Consultant's Employer * _____

Current Member of PERS? *	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Receiving Monthly PERS Benefit?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incorporated?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Separate USM Contract?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
US Citizen or US Entity?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will the total contract payment(s) equal or exceed \$5,000?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will the total contract payment(s) equal or exceed \$10,000?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Description of Contracting/Consulting Services:* _____

Performance Period Start Date:* _____ End Date:* _____

Location of performance:* _____

Cost of Contracting/Consulting:
 (a) Fee/Hour/Per day: _____
 (c) Total Fee: (a) * (b) = (c) _____

(b) Number of _____

(d) Travel Costs: _____
 Total Costs: _____

(e) Other Costs: _____

(c) + (d) + (e) _____

Nature of Other Costs: _____

Services shall not exceed: _____ Other Costs shall not exceed: _____

According to the Privacy Act for Collection of SSNs: We are required to inform you that The University of Southern Mississippi is requesting your Social Security Number (SSN) to be used for Federal and State reporting, as mandated by Federal and State law.

Approval and Acceptance of Agreement*

TO BE COMPLETED BY SIGNATORY AUTHORITIES AT THE UNIVERSITY OF SOUTHERN			
Department or Grant Name:	_____		
College/Unit Name	_____		
USM Expenditure Authority:	_____	Phone Number:	_____

Chartfield String to be Charged: Fund _____ DeptID _____ Program _____ Project/Grant _____

If grant, has funding agency prior approval been obtained? Yes No Not Required

Approval and Acceptance of Agreement	Date
Expenditure Authority/Grant Principal Investigator:	_____
Tax Compliance Officer <i>Required for all agreements</i>	_____
Office of Research Administration	_____
Next Level Approval (services over 5,000) VP Approval (services over \$10,000)	_____
Office of Procurement Director (required if contract involved)	_____