



## PURCHASED SERVICES CONTRACT

Name \_\_\_\_\_

Address \_\_\_\_\_  
Street Address City State Zip Code

Telephone Number \_\_\_\_\_  
Home Work

Federal ID#GG # \_\_\_\_\_  
Federal Identification # or Social Security # (Attach Copy of W9)

### General Purpose of this Agreement

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Duties Required

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### DATES SERVICES PROVIDED:

Begin \_\_\_\_\_

Completion \_\_\_\_\_

Fee upon Satisfactory Completion \_\_\_\_\_

Account Number \_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_  
*Employee Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*DIV Dean/ Manager*

\_\_\_\_\_  
*Date*