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? * Receiving Monthly PERS Benefit?* Incorporated?* Separate USM Contract?* US Citizen or US Entity?* Will the total contract payment(s) eq Will the total contract payment(s) eq		
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) Services shall not exceed:	Nature of Other Costs: 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		
	5 BI SIGNATORT AUTHORITIES AT THE UNIVERSITT OF S	JUINEKN
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 Tax Compliance Officer	Investigator:	
Required for all agreements		
Office of Research Administration Next Level Approval (services over :	5,000)	
VP Approval (services over \$10,000 Office of Procurement Director (required)	
involved)		