

Central Business Services Office

Contract/Professional Services Contract (PSC) Worksheet

The **CONTRACT WORKSHEET** is to be submitted to CBSO Accounting staff one month prior to service.
CONTRACTOR INFORMATION (Give Home or Legal mailing address and phone for tax reporting in this section)

Today's Date _____

Contractor is a:
 Resident U.S. citizen Resident alien
 Non-Resident U.S. Citizen
 Non-Resident Alien or Foreign Entity
 visa type _____
 Does contractor have a U.S. Tax Payer ID/SS#? Yes No

Full Legal Name or Business Name (used for tax reporting) _____

Home (Tax) Address _____

Home (Tax) Phone # _____

Contractor's E-mail _____

Select one of the following business types:

- Individual/Sole Proprietorship Partnership
- Corporation LLC
- Non-Profit Public Entity

COMPLETE QUESTIONS ABOUT CONTRACTED SERVICES (Give specific details.)
 Services provided. If a presentation/lecture, provide title and audience (class, public).

Delivery method (in-person, zoom)?

If contractor is a business, who will be the company representative?

Time and Location when/where services will be provided.

CONTRACT SERVICES INCLUSIVE DATES Start Date: _____ End Date: _____

Is Contractor a University Employee or have they worked for the University in the last 24 months? Yes No

Has Contractor provided a service for the University within the last 24 months? Yes No

NOTE: It is preferred at the University to "roll-up" or include allowed expenses as part of the honorarium.
Example: Honorarium for services \$1000, Lodging \$500, Meals \$100, Transportation \$1500. This would roll-up to a \$3100 honorarium for the contractor. This removes the need for a travel reimbursement and additional delay in payment.

IF USING THIS METHOD, PLEASE INDICATE FULL AMOUNT IN HONORARIUM CATEGORY AND LEAVE THE OTHERS BLANK.

BREAKDOWN OF PAYMENT

Honorarium	_____	Fixed Fee	Variable Fee: _____ per hour/deliverable, not to exceed _____
Transportation	_____	Reimb Guest	Direct Bill Transportation Type: _____
Meals	_____	Reimb Guest	Direct Bill
Lodging	_____	Reimb Guest	Direct Bill
Other	_____	Reimb Guest	Direct Bill Description of Other: _____
Total Contract Amount	_____		

Department Information/Certification:
 By signing the approval below, I certify that funds are available for this agreement and that authorization is being given for using the index/activity code listed below. I further certify that neither I nor anyone authorizing this agreement for the department has any actual or potential conflicts of interest related to this agreement.

Department: _____
Coordinator: _____
Index/Activity Code: _____
Dept Head/PI Approval _____

