



**CONTRACT FOR SERVICES REQUEST FORM**

Please Complete All Items and Submit 30 Days Prior to Start of Work

Any Missing Information Will Cause Delays in Processing This Request

**CONTRACTOR INFORMATION**

<b>Title:</b>		<b>Today's Date:</b>			
<b>Organization Name:</b>		<b>Address 1:</b>			
		<b>Address 2:</b>			
<b>First Name*</b>		<b>City:</b>	<b>State:</b>		<b>Zip:</b>
<b>Middle Name</b>		<b>Phone:</b>	<b>Fax:</b>		
<b>Last Name</b>		<b>Email:</b>			
<b>Soc Sec #</b>		Has contractor been on SD Payroll? Yes <input type="checkbox"/> No <input type="checkbox"/>			
<b>EIN #</b>		Check if Contract is with an <b>Organization</b> or a "dba": <input type="checkbox"/>			

\*Either the Individual with whom we are contracting or the person authorized to sign contracts for the Organization. This may not be the person with whom you are dealing at the Organization - make sure to double check if they are authorized to sign contracts. Nicknames are not acceptable. Names must be the same as reported on the W-9 form.

**FOAP AND OTHER INFORMATION**

<b>Subcontract Start Date:</b>		<b>Dept Contact for this Contract:</b>			
<b>Subcontract End Date:</b>		<b>PI Requesting Contract:</b>			
		<b>Fund Code:</b>			
<b>Name of Service:</b>		<b>Org. Code:</b>			
		<b>Account Code:</b>			
<b>State Equipment Used:</b>		<b>Program Code:</b>			

**SCOPE OF WORK** Contractor to perform the following services:

**EXPECTED OUTCOMES** As a result of the above services, the following products or goals will be achieved:

**REPORTING REQUIREMENTS** As a result of the above services, the following reports will be required from the Contractor:

**BUDGET** Terms of Payment: With submitted invoice and copies of all receipts

<u>Contractor Fees</u>		<u>Other Expenses</u>	
Rate:		Postage:	
Per HR/WK/DAY/Trng		Copying:	
# of HRS/WKS/etc.:		Printing:	
		Phone:	
		Other:	
<b>Total</b>		<b>Total:</b>	

**Total Subcontract Amount:**

**NOTES:**

**OSP APPROVAL:** \_\_\_\_\_ **DATE:** \_\_\_\_\_