



SOUTH DAKOTA SCHOOL OF MINES & TECHNOLOGY

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

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

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

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: Installments → Specify: _____ One time payment

<u>Contractor Fees</u>		<u>Travel Expenses</u>		<u>Other Expenses</u>	
Rate:		Mileage (at \$.23/mile):		Postage:	
Per HR/WK/DAY/Trng		Lodging (\$55.00 per day):		Copying:	
# of HRS/WKS/etc.:		Airfare:		Printing:	
		Meals (max \$32 per day):		Phone:	
		Other (car rental, etc.):		Other:	
Total		Total:		Total:	

Total Subcontract Amount: _____

NOTES: