



## 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? *	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Receiving Monthly PERS Benefit?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Incorporated?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Separate USM Contract?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
US Citizen or US Entity?*	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will the total contract payment(s) equal or exceed \$5,000?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
Will the total contract payment(s) equal or exceed \$10,000?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

Description of Contracting/Consulting Services:\* \_\_\_\_\_

**Performance Period** Start Date:\* \_\_\_\_\_ End Date:\* \_\_\_\_\_

Location of performance:\* \_\_\_\_\_

Cost of Contracting/Consulting: (b) Number of \_\_\_\_\_

(a) Fee/Hour/Per day: \_\_\_\_\_

(c) Total Fee: (a) \* (b) = (c) \_\_\_\_\_

(d) Travel Costs: \_\_\_\_\_ (e) Other Costs: \_\_\_\_\_

Total Costs: \_\_\_\_\_

(c) + (d) + (e) \_\_\_\_\_ Nature of Other Costs: \_\_\_\_\_

Services shall not exceed: \_\_\_\_\_ 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**

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 Investigator:	
Tax Compliance Officer <i>Required for all agreements</i>	
Office of Research Administration	
Next Level Approval (services over 5,000) VP Approval (services over \$10,000)	
Office of Procurement Director (required if contract involved)	