

(Do not use this form if aggregate total of contract will exceed \$2,000)

CONTRACT

For Personal, Professional, Consulting or Social Services Up to \$2,000

Between The University of Louisiana at Monroe and

Contractor Legal Name:		
Contractor Street Address:		
Contractor City:		State: Zip:
Contractor hereby agrees to	o furnish the following services:	
Contract Start Date:	End Date:	
Maximum Contract Amoun	t for Services (contract void if fee	including any expenses exceeds \$2,000):
Travel and Other Reimbursa	able Expenses (mark one only):	
Not applicable to con	tract. Maximum contract amoun	t is for services only.
	mount includes travel, lodging, mequired to be reimbursed subject to PPM 49 S	·
Payable as follows:	after completion OR	(No. of payments) payments of
, -		nt of taxes from the funds thus received under this Contract Employer ID or Social Security Number:
ULM Department Head Signature:		Date:
Printed Name:		Title:
	This contract is not binding uni	il signed by ULM Purchasing.
To Be Read and Signed by Contractor if in Mutual Agreement:		To Be Read and Signed by ULM Purchasing Director if in Mutual Agreement:
Name:		Name:
Signature:		Signature:
Title:		Title:
Date:		Date:

Attach this completed Contract to a Campus Correspondence cover sheet, reference the Requisition Number, and deliver to the ULM Purchasing Department, <u>prior</u> to the commencement of services.