

CONTRACTOR NAME: \_\_\_\_\_ REQUISITION #: R\_\_\_\_\_

BEGIN DATE: \_\_\_\_\_

END DATE: \_\_\_\_\_

MAXIMUM CONTRACT AMOUNT (Inclusive of Travel Expenses), Not to exceed: \$\_\_\_\_\_

**TRAVEL EXPENSES** (lodging/ meals/ transportation/ airfare/ other): All expenses to be reimbursed and/or paid by University Department will be in accordance with PPM 49 (LA Policy & Procedures Memorandum No. 49) and current GSA (U.S. General Services Administration) rates. (Select one.)

No Travel Expenses to be incurred nor reimbursed.

Contractor to be reimbursed. **Amount, Not to exceed:** \$\_\_\_\_\_

Paid by Department. **Amount, Not to exceed:** \$\_\_\_\_\_

Note: Chrome River documentation must be attached for auditing purposes.

**PAYMENT TERMS:** Contractor payments are scheduled as follows- (Specify as applicable.)

One lump sum payment upon completion of services.

Fixed Rate: Amount \$\_\_\_\_\_ Frequency (Select one.)

Multiple installments based upon completion of tasks. **Must** provide one of the following:

- Installment Schedule (list of tasks, amount, or percentage to be paid at each interval & dates of intervals)
- Detailed Payment Terms/ Fee Schedule.

Travel Expenses to be reimbursed to Contractor. (Itemized receipt(s) and/or invoice(s) of equal to or less than the "Not to exceed" amount which must be attached at the time of the reimbursement request.)

### **DEPARTMENT INVOICE APPROVER:**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Department: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

### **DESCRIPTION OF SERVICES:**

Contractor will perform/provide (Describe the work/task/service to be performed/provided by Contractor.)

UL Lafayette (Department/Office) \_\_\_\_\_

Services will be performed (where/location) \_\_\_\_\_

Contractor will be responsible for (Provided BY Contractor to perform services)

## APPENDIX A: SCOPE OF SERVICES

Department/office will be responsible for (Provided TO Contractor to perform services.)

### **DELIVERABLES:**

Describe and/or list work/item to be provided: (Specific, tangible, measurable outcomes to be performed by Contractor.)

Date(s) when work/item is to be received: \_\_\_\_\_

How work/item is to be delivered (format- files, lecture, etc.): \_\_\_\_\_

Who is receiving work/item: \_\_\_\_\_

### **GOALS:**

The goal(s) of this project/service is to (Describe the expected benefit of the project/service.)

**OBJECTIVES:** (SMART – Specific, Measurable, Aggressive, Result-oriented, & Time-bound target(s) of the service.)

Objective(1.) \_\_\_\_\_

Objective(2.) \_\_\_\_\_

Objective(3.) \_\_\_\_\_

### **PERFORMANCE INDICATOR/ MEASURE:**

Contractor's performance will be measured by (Tools/methods to be used to measure Contractor's performance.)

**MONITORING PLAN:** (Department appointed Contract Manager to oversee and evaluate Contractor's performance and maintain the contract's provisions.)

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Contract Manager will be responsible for monitoring the Contractor's performance throughout the contract period by