

Service Order
Standard Purchasing Agreement on Service Order Basis

This service order ("Service Order") is subject to all terms and conditions of the attached Standard Purchasing Agreement between University and _____ ("Contractor") dated _____ ("Agreement"). All capitalized terms not defined in this Service Order have the same meaning assigned to them in the Agreement. Upon execution by both Parties, this Service Order becomes a part of the Agreement.

Account #: _____ **Contract #:** _____ **Service Order #:** _____

1. SCOPE OF WORK FOR SERVICE ORDER: Contractor shall perform the following Services:

 _____.

2. COMPENSATION: Contractor's compensation under this Service Order will be (check one box only):
 This is a fixed price service order. University will pay Contractor the amount of \$_____
 This is not a fixed price service order. University will pay Contractor an amount not to exceed \$_____ (based on an hourly fee and/or other method of calculation as follows: _____).

3. REIMBURSABLE EXPENSES: University will reimburse Contractor for reasonable, documented travel expenses or other costs, only as University specifically approves in advance in writing. The total amount of such reimbursements may not exceed (enter dollar amount or "N/A") \$_____.

4. INVOICING; PAYMENT TERMS: Invoices must reference the "Contract #" and "Service Order #" listed above. Contractor will invoice University on the following basis (check one box only):
 Monthly, or
 Upon completion of the Services set forth in this Service Order

5. SCHEDULE; TERMINATION: The Services to be performed under this Service Order will begin on _____ and will be completed on or before _____. University may terminate this Service Order, without terminating the Agreement, at any time upon providing at least thirty (30) days advance written notice to Contractor. University will only be liable for payment for Services received prior to the effective date of such termination.

6. TOTAL AMOUNTS:
 Previous Total Service Order Amounts under the Agreement: \$ _____
 Amount of this Service Order: + \$ _____
 New Total: = \$ _____

UNIVERSITY:
Signature: _____
Printed Name: _____
Title: _____
Date: _____

CONTRACTOR:
Signature: _____
Printed Name: _____
Title: _____
Date: _____

NOTE: Modification of this Form requires approval of the Office of General Counsel