Approval/Notification Responsibilities

Approval requests need to include a copy of the contract and a summary of the purchase (information currently captured on the PCS Intake Sheet).

1. **Sponsored Projects Services (SPS) (formerly known as ORSA).**
   a. Any Purchase Order for equipment over $5,000 if using grant funds.
   b. Any other type of contract including Purchase Orders and Personal Services Contract (PSC) of any dollar value if using ARRA grant funds.
   c. Any other type of contract including Purchase Orders for other than equipment and Personal Services Contracts (PSC) if over $25,000 if using grant funds other than ARRA grant funds.
   d. In order to determine if grant funds are being used for a contract:
      i. Any index starting with a “2” or a “3” (e.g. 223001) signifying the use of grant funds.
      ii. Any index starting with any other number (usually a 4) – may require approval if using grant funds.
   e. Must obtain SPS approval prior to signing the Purchase Order or PSC.
   f. Send approval request to SPS – sponsoredprojects@uoregon.edu

2. **Chief Information Officer (CIO).**
   a. Any enterprise-wide technology purchase regardless of dollar value.
   b. Any agreement which will involve any access to UO networks/systems (e.g. web development) regardless of dollar value.
   c. Any agreement which will involve Web hosting by a third party where the Website to be hosted will have a uoregon.edu address.
   d. Any other purchase of software over $5,000.
   e. Must directly obtain CIO approval prior to signing the agreement.
   f. Send approval request to CIO - itreview@uoregon.edu

3. **Property Control & Surplus Property.**
   a. Any agreement for which we transfer property (permanently or temporarily), through purchase, sale, lease or loan.
   b. If wish to sell or trade UO property, must contact BAO Surplus Property prior to offering property for sale or trade – contact Molly Lockhart, mlockhar@uoregon.edu
   c. If wish to purchase, lease or accept a loan of property, must directly submit to Property Control after completing and signing the contract.
      i. If property is being purchased or loaned at no cost send completed contract to Justin Samudio – jsamudio@uoregon.edu and Molly Lockhart – mlockhar@uoregon.edu
      ii. If property is being acquired under a paid lease or loan send completed contract to Jill Ritz – jritz@uoregon.edu
   d. If wish to loan out UO property, must contact PCS prior to offering property for loan, contract@uoregon.edu
4. **Accounts Payable (AP) – Vendor Set-Up.**
If the agreement is with a contractor that has **not** been set-up in Banner, the contractor must be set up in Banner before payment is made to the contractor.
   a. Contact AP for details on the vendor set-up process which process includes obtaining a UO Substitute W-9 from the contractor.
   b. apbao@uoregon.edu

5. **Accounts Payable (AP) – Foreign Vendors.**
If the agreement is with a foreign person or entity.
   a. Must directly submit the agreement to AP prior to signing the agreement.
   b. Submit approval request to Dan Patten - dpatten@uoregon.edu with cc. to Carmela Kortum – ckortum@uoregon.edu, Sherrie Canfield – sherrieC@uoregon.edu, and Joy Germack – jgermack@uoregon.edu.

6. **Marketing & Brand Management.**
   a. Any agreement involving UO trademarks or allowing people to use our image(s)/name.
   b. Any sponsorship agreement.
   c. Any agreement that allows third parties to film or take photographs for distribution off-campus on property owned or controlled by UO
   d. Must directly submit to Trademark Management prior to signing the agreement.
   e. Submit approval request to Matt Dyste - mdyste@uoregon.edu.

7. **Public Safety (Concerts/etc.):**
   a. Any agreement which Public Safety may want to know about, e.g. large concerts or particularly controversial speakers.
   b. Must directly submit to Public Safety prior to signing the agreement.
   c. Submit notification to Herb Horner – hhorner@uoregon.edu and James Stegall jstegall@uoregon.edu.

8. **Public Safety (Security).**
   a. Any agreement involving hiring of security personnel.
   b. Any agreement wherein the Vendor will be providing its own security detail.
   c. Must directly submit to Public Safety prior to signing the agreement.
   d. Submit notification to Herb Horner – hhorner@uoregon.edu and James Stegall jstegall@uoregon.edu.

9. **International Affairs:**
   a. Any agreement involving the international movement of students, where the students **will** receive credits from attending the program.
      i. Must directly submit to International Affairs prior to signing the agreement
      ii. Must have Foreign Study Program Committee approval
      iii. Submit approval request to Sandy Booker– sbooker@uoregon.edu
   b. Any agreement involving the international movement of students, where the students **will not** receive credits from attending the program.
      i. Must directly submit notice of agreement to International Affairs
      ii. Submit notice to Sandy Booker– sbooker@uoregon.edu
10. **Advancement (Gifts).**
   a. Any agreement involving a gift of funds or property to UO.
   b. Gift agreements are processed by Advancement.
   c. Submit to Leslie Wolgamott (lwolg@uoregon.edu) and Paul Elstone (pelstone@uoregon.edu) for review by Advancement.

11. **Utilization of Foundation Funds.**
   a. Any agreement that will use funds originating from a Foundation account
   b. If the proposed use is allowed under state law and UO policy, transfer the funds from the Foundation to a UO index prior to proceeding with the agreement
   c. If the proposed use is not allowed under state law and UO policy, do not transfer the funds from the Foundation, contact PCS and PCS will work with the department and Foundation to complete the agreement and confirm payment procedures.
   d. Submit notice to: Hilary Hefferlin - hheffer@uoregon.edu

12. **Office of Communications.**
   a. Any agreement with a third party requesting the third party create materials for mass distribution to the general public at large (e.g. websites, posters).
   b. Must directly submit to Office of Communications prior to signing the agreement.
   c. Submit approval request to Tim Clevenger trc@uoregon.edu

13. **Contract with a Current or Former Oregon University System (OUS) Employees.**
   a. Any agreement with a current or former OUS employee.
   b. Please contact PCS prior to proceeding.

14. **Printing and Mailing Services.**
   a. All printing services must be performed by Printing & Mailing Services unless a waiver is obtained from Printing and Mailing Services. Must directly submit printing request to Printing and Mailing Services to determine if Printing and Mailing Services is able to provide the service prior to negotiating or signing the agreement.
   b. Any agreement for mailing services must be approved by Printing & Mailing Services. Must directly submit a request to Printing and Mailing Services to determine if Printing and Mailing Services is able to provide the service prior to negotiating or signing the agreement.
   c. Any agreement for lease or purchase of a copy/scanner/fax/multifunction machine must be approved by Printing & Mailing Services. Must directly submit Production Copier/Printer Acquisition Form to Printing & Mailing Services for approval prior to signing the agreement.
   d. Any agreement for purchase of interior or exterior signage for any UO owned or controlled space.
   e. Submit request to Mark Dixon, Director Printing & Mailing Services - mdixon@uoregon.edu.

15. **Catering Services.**
   a. All catering services on property owned or controlled by UO must be performed by University Catering unless a waiver is obtained from University Catering.
b. Must directly contact University Catering to determine if University Catering is able to provide service or if a waiver will be granted prior to negotiating or signing agreement.
c. Submit University Catering Waiver Form to catering@uoregon.edu.

16. **Temporary Employees from Employment Agencies.**
   a. Must work with Human Resources for these types of appointments
   b. Prior to engaging a temporary employee through an employment agency (such as Personnel Source), you must first confirm if a Qualified Rehabilitation Facility (QRF) is able to provide the staffing you need.
c. For more information, please go to: [http://hr.uoregon.edu/recruitment-employment/temporary-employment/temporary-agency-requests-effective-2013](http://hr.uoregon.edu/recruitment-employment/temporary-employment/temporary-agency-requests-effective-2013)

17. **Furniture Purchases.**
   a. Prior to purchasing furniture, please consult the Furniture Purchase Matrix to determine the next step in initiating the purchase of furniture: [http://pcs.uoregon.edu/sites/pcs.uoregon.edu/files/Furniture%20Purchase%20Matrix_PCS_082312.pdf](http://pcs.uoregon.edu/sites/pcs.uoregon.edu/files/Furniture%20Purchase%20Matrix_PCS_082312.pdf)
   b. Any furniture purchases that require delivery or installation may be subject to Bureau of Labor and Industry (BOLI) rates.
c. Must contact Capital Construction to determine if BOLI rates apply to a proposed systems furniture purchase.
d. Submit proposed furniture purchase according to Matrix referenced in 17(a) above.

18. **Vehicle Purchases.**
   a. Any purchase of a motorized vehicle or golf cart.
   b. Contact Mobile Shop to ensure the vehicle passes safety inspection prior to purchase.
c. Submit proposed purchase of vehicle to Michael Hamill, Campus Operations, hamill@uoregon.edu and Bill Kasper - Kasper@uoregon.edu

19. **Faculty Exchange Agreements.**
   a. Please contact PCS before negotiating any agreement with another institution of higher education/governmental entity where all of the following applies:
      i. UO faculty works at the other institution of higher education/governmental entity;
      ii. UO still pays UO faculty member while at other institution of higher education/governmental entity; and
      iii. The other institution of higher education/governmental entity reimburses UO the amount of a UO pays the UO faculty member while the UO faculty member is working for the other institution of higher education/governmental entity.
   b. Please contact PCS before negotiating any agreement with another institution of higher education where UO and the other institution of higher education agree to undertake faculty exchanges (where UO faculty may work at the other institution and other institution faculty may work at UO).
c. Any agreement hiring an individual to provide instruction for UO credit must have Unclassified Personnel Services (UPS) approval. PCS will obtain if UPS approval if PCS is processing the agreement. If exercising Level 2 Signature Authority, submit requests for approval directly to Sonia Potter in UPS at soniap@uoregon.edu
20. **Office of Risk Management (ORM).**
   a. Any questions regarding insurance or waivers of rights.
   b. Approval may be obtained, but is *not required* prior to signing the agreement.
   c. Send questions to ORM - riskmanagement@uoregon.edu

21. **HIPAA Compliance Officer.**
   a. Any HIPAA covered department at UO with matters that may require a Business Associate Agreement (BAA) contact: Debra McLaughlin dmclaugh@uoregon.edu 6-4452 prior to proceeding to signing the agreement.

22. **BAO/Travel.**
   a. If creating a multi-month or multi-year Hotel Price Agreement, contact Laurie Jacoby, Travel Manager lajacoby@uoregon.edu; 6-3158, prior to proceeding with the negotiation of the price agreement.
   b. Please Note: this requirement is not applicable to the processing of hotel agreements for one-time events or hotel stays. These standard hotel agreements should continue to be processed by Purchasing and Contracting Services.

23. **Private Business Use.**
   a. If entering into a contract for the use of or lease of space of any portion of a University building or outdoor space and the third party will use the space for its business use (i.e. not personal use)
   b. Must obtain BAO Treasury Operations approval prior to signing the Facilities Use Agreement or Lease.
   c. Send approval request to BAO Treasury Operations – treasops@uoregon.edu
CONTRACTING AUTHORITY CHEAT SHEET

Level 1 Contract Authority (less than or equal to $5,000)

INCLUDED in Level 1 Contracting Authority:
• Purchase Goods & Trade Services with value of less than or equal to $5,000
  o Using a UO Purchase Order less than or equal to $5,000.
  o Using invoices less than or equal to $5,000
  o Banquet Event Orders under existing PCS approved contract

NOT INCLUDED in Level 1 Contracting Authority:
• Any purchase over $5,000
• Purchase Orders over $5,000
• Any Personal Service Contracts at any value
• Any vendor contracts, invoices, estimates, order forms, or quotes at any $ amount
• Any changes to the UO Purchase Order Template
• Any purchase subject to legal review
• Any contract with a current or former UO employee, including student employees

Level 2 Contracting Authority (less than or equal to $25,000)

INCLUDED in Level 2 Contracting Authority:
• Purchase goods, trade services and personal services less than or equal to $25,000
• Using specific UO templates:
  o Purchase Order using UO Terms & Conditions
  o Personal Service Contracts using UO Terms & Conditions
  o Facility Use Agreements
  o Incoming Property Loan Agreements
  o Banquet Event Orders under existing PCS approved contract

NOT INCLUDED in Level 2 Contracting Authority:
• Specific UO templates over $25,000
  o Purchase Order
  o Personal Service Contracts
  o Facility Use Agreement
  o Incoming Property Loans
• Any vendor contracts, invoices, estimates, order forms, or quotes at any $ amount
• Any changes to the UO templates
• Any contract (including UO templates) subject to legal review
• Any UO custom contracts
• Any contract with a current or former UO employee, including student employees
• Any contract where services will be provided by an individual in a foreign country
# PCS Intake Sheet

## To be completed by department:

<table>
<thead>
<tr>
<th>Department Information</th>
<th>General Information</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Department Name</strong></td>
<td><strong>Type of Contract or Procurement</strong></td>
</tr>
<tr>
<td><strong>3rd #</strong></td>
<td></td>
</tr>
<tr>
<td><strong>5th #</strong></td>
<td><strong>$$ Amount of Contract or Procurement Budget</strong></td>
</tr>
<tr>
<td><strong>Name of Person Authorizing Commitment of Funds</strong></td>
<td><strong>Funding Source(s)</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Non Grant Index</strong></td>
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<td><strong>Non Grant Index</strong></td>
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<td><strong>Grant Index</strong></td>
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<td></td>
<td><strong>Grant Index</strong></td>
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<tr>
<td></td>
<td><strong>No $ Exchange</strong></td>
</tr>
<tr>
<td></td>
<td><strong>Income</strong></td>
</tr>
</tbody>
</table>

## Contractor Information

<table>
<thead>
<tr>
<th>Type (Check all that apply)</th>
<th><strong>Contract Term (Dates)</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Corporation</td>
<td>Grant Term (if applicable)</td>
</tr>
<tr>
<td>Individual – US Citizen</td>
<td></td>
</tr>
<tr>
<td>Individual – Resident Alien</td>
<td></td>
</tr>
<tr>
<td>Foreign Individual</td>
<td>Amendment Number</td>
</tr>
<tr>
<td>Foreign Entity</td>
<td></td>
</tr>
<tr>
<td>Limited Liability Company</td>
<td>Cumulative Dollar Value</td>
</tr>
<tr>
<td>Non-Profit</td>
<td></td>
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<tr>
<td>Partnership</td>
<td></td>
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<tr>
<td>Public Entity</td>
<td></td>
</tr>
</tbody>
</table>

## Contractor Contact Name

<table>
<thead>
<tr>
<th><strong>Contractor E-mail, Phone, &amp; Address</strong></th>
<th><strong>Date Received by PCS</strong></th>
<th><strong>Standard Processing Due Date</strong></th>
</tr>
</thead>
</table>

## Department Comments/ Additional Information

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## Department Certification (Must be checked by department prior to submission):

- By submitting this intake, I certify that funds are available for this agreement on the above mentioned index(es), and the above named Budget Authority has expressly authorized this submittal and any expenditure of funds for the purposes of this agreement.

- By submitting this intake, to the best of my knowledge after reasonable inquiry, I certify that neither I nor anyone authorizing this agreement for the department has any actual or potential conflicts of interest related to this agreement.

## To be completed by Purchasing and Contracting Services:

<table>
<thead>
<tr>
<th>Outside Approvals</th>
<th>Date/Initials</th>
<th>Internal Procedures</th>
<th>Date/Initials</th>
</tr>
</thead>
<tbody>
<tr>
<td>Legal Review Approval</td>
<td></td>
<td>Verified Contractor is legal entity.</td>
<td></td>
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<tr>
<td>SPS</td>
<td></td>
<td>Verified Contractor is individual and not employee.</td>
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</tr>
<tr>
<td>SPS (ARRA)</td>
<td></td>
<td>Unable to verify Contractor.</td>
<td></td>
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<tr>
<td>CIO</td>
<td></td>
<td>Entered on Log</td>
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<tr>
<td>Property Control</td>
<td></td>
<td>Sent Receipt</td>
<td></td>
</tr>
<tr>
<td>Accounts Payable</td>
<td></td>
<td>Verified Index</td>
<td></td>
</tr>
<tr>
<td>Design &amp; Editing Services</td>
<td></td>
<td>Verified Funding</td>
<td></td>
</tr>
<tr>
<td>Mkt'ing &amp; Brand Mgmt</td>
<td></td>
<td>Verified Budget Authority</td>
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<tr>
<td>Public Safety</td>
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<td>Verified SAM</td>
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<td>Treasury</td>
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<tr>
<td>International Affairs</td>
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</tbody>
</table>
A PCS Intake Sheet is required for all Purchasing & Contracting Services (PCS) document review submissions, except Purchase Orders.

For contracts, please submit the PCS Intake Sheet together with the Contract and all related materials to contract@uoregon.edu.

For competitive procurement requests, please submit the PCS Intake Sheet with all related materials to competitionsupport@uoregon.edu.

**Department Information:**

- **Department Name:** Insert the third and fifth level department names (e.g., College of Arts and Sciences/Chemistry) in the two boxes to the left. Insert the third and fifth level department organization numbers (e.g., 222000/223250) in the two boxes to the right. The UO Organization Chart showing 3rd and 5th level names and organization numbers can be found at http://pcs.uoregon.edu/content/organizational-chart-campus.

- **Name of Person Authorizing Commitment of Funds:** Insert the name of the person in the department who has expressly authorized the expenditure of funds in connection with this matter. That person must have a valid, up-to-date UO Department Approval Authorization form on file showing their designation to commit department funds on the applicable index. If there are no funds to be spent or received in connection with this matter, insert the name of the person in the department who has expressly authorized the agreement.

- **Department Contact Name:** Insert the name of the person within your department who will be the primary contact with Purchasing and Contracting Services (“PCS”) during the course of PCS’ review of the matter. This person will receive a receipt email acknowledging that PCS has received the agreement and placed it in our review queue. This person will also be the point of contact for any questions PCS may have while reviewing the contract, and will receive the approved contract to forward to the contractor.

- **Department Contact E-mail, Phone & Address:** Insert the contact information for the person named as Department Contact.

**Contractor Information:**

- **Competitive Procurement Requests:** For procurement requests, PCS understands the Contractor is unknown at the time of submission. Therefore, insert “TBD” in the Contractor field and skip the rest of this section.

- **Contract Requests:**
  - **Contractor:** For contract requests, insert the name of the entity or individual with whom we will be contracting. Please be sure to use the full legal name of the entity or individual. This is either the full name of the individual if the contractor is a sole proprietorship or the name published on the website of the Secretary of State in the state in which the company is incorporated or organized. **Do not use abbreviations.** If the contractor would like to provide a “doing business as” (dba) name, please include the dba name following the full legal name (e.g., “Oregon Coachways, Inc. dba OC&W Coachways”). Please note that the full legal name is still required even if a dba name is present.
PCS Intake Sheet Instructions

If Contractor is a new vendor (not previously set up in Banner), follow the instructions set forth at http://ba.uoregon.edu/staff/vendor-setup for the new vendor set-up procedures and to obtain a copy of the UO Substitute W-9 instructions. **DO NOT SUBMIT UO SUBSTITUTE W-9 TO PCS.**

Additionally, if Contractor is a non-resident alien individual or entity, regardless of whether Contractor is a new vendor, follow the instructions set forth at http://ba.uoregon.edu/staff/payment-process-for-international-visitors. Complete all required documents and submit the original documents directly to Accounts Payable in Business Affairs Office. **DO NOT SEND COPIES OR ORIGINALS OF THE W-8, FORM 8233, OR ANY OTHER REQUIRED NON-RESIDENT ALIEN DOCUMENTS TO PCS.** If Contractor is a resident alien, Contractor does not need to submit documentation of Contractor’s status. If you have any questions regarding vendor set-up, resident alien, or non-resident alien requirements, please contact Accounts Payable at 346-3143.

**Type:** Specify what type of entity/individual the contractor is. Check each box that applies.

**Contractor Contact Name:** Insert the name of the contractor contact.

**Contractor E-mail, Phone & Address:** Insert the contact information for the person named as Contractor Contact. Please use the contractor’s business address.

**General Information:**

**Type of Contract:** Insert the type of contract to be reviewed. Please see the Key to Purchase Order and Contract Log or the Key to Competitive Procurement Log for a listing of abbreviations of common contract types, located on our website at http://pcs.uoregon.edu/content/keys-tracking-information-and-uo-organization-report-and-staffing-assignments. Please note that you can also locate the current departmental staffing assignments at PCS at this same location on our website.

For competitive procurement requests, insert the type of competitive procurement being used.

**$§ Amount of Contract:** For contract requests, insert the total amount of funds expected to change hands under this agreement (regardless of whether we are receiving or paying). If there will be renewal periods, please use the entire life of the agreement including all renewals. If the total amount is unknown or yet to be determined, please estimate a maximum value to be paid under this agreement and use the “Department Comments/Additional Information” section below to provide more details if necessary.

For competitive procurement requests, we understand the exact dollar amount is unknown. Therefore, enter the maximum or “not to exceed” dollar amount for the procurement budget.

**Funding Sources:**

**Index:** Insert the index(es) which will be used to pay for this agreement or which will receive any income under this agreement. Please use the “Department Comments/Additional Information” section below if this agreement will involve more than two indexes.

**No $ Exchange:** Please check this box if no funds will be paid or received in connection with this matter. If this box is checked, it is not necessary to provide an index.

**Income:** Please check this box if money will be received by UO in connection with this matter.
Term (Dates): Insert the start and end dates of this agreement. If this agreement is for one day only, please just list that day. Please note if there are any renewals available under this agreement.

Grant Term (if Applicable): If utilizing grant funds for this agreement, please insert not only the agreement dates, but also the dates of the grant award.

Amendments:

Amendment Number: If this is an amendment to an existing, previously executed contract, please note which amendment number is being requested. Please include a copy of the previously executed contract and any subsequent amendments with your submission.

Cumulative Dollar Value: If this is an amendment to an existing, previously executed contract, please note the total dollar value of the original agreement and all subsequent amendments, including the amendment being submitted.

Processing Information:

Date Received by PCS: Please leave this field blank, PCS will complete with date received.

Standard Processing Due Date: Please leave this field blank, PCS will complete with the standard processing due date. For form contracts (PSC, FUA, PLA, Hotel, Transportation) the standard processing time is 1 week. For custom contracts (not a PCS form) the standard processing time is 3 weeks. For informal competitive procurements, the standard processing time is 3 weeks.

Department Comments:

Include any additional information required and/or any other information you believe is relevant to the contract.

If utilizing grant funds and special terms and conditions are required for this agreement, please note the existence of those additional terms and conditions in this box and include a copy of the terms and conditions with the submittal of this Intake Sheet.

If you need your contract reviewed before the standard processing time, please fill in the date you need your contract completed. Please provide a detailed explanation of the need for expedited processing. If you do not include a request date or an explanation, PCS will assume our standard processing time is acceptable.

Department Certification:

Please read these two sections carefully and check each box. Intake forms that do not have both certifications checked will not be accepted. If you are unable to certify either item, please contact PCS to discuss at 6-2419.

If you have any additional questions about the PCS Intake Sheet, please contact PCS at 6-2419.
This Personal Services Contract ("Contract") is between the University of Oregon ("University") and Contractor indicated below ("Contractor"). University and Contractor are each a “Party” and collectively “Parties.”

Contractor Information
Full Legal Name or Business Name: [FULL LEGAL NAME OF CONTRACTOR]
Mailing Address used for Tax Reporting:
Street/PO Box: City: State: Zip Code:
E-mail Address:
Office Phone Number:
Cell Phone Number: (please indicate which phone number is your primary number)

Contract Term. This Contract will become effective [EFFECTIVE DATE], or the date of last signature below, whichever is later. Unless earlier terminated or extended, this Contract will expire on [END DATE].

Contract Fee/Honorarium:
Check one:
☐ Fixed Fee: $[INSERT FIXED FEE]
☐ Variable Fee: $[INSERT STRUCTURE]

Expenses:
☐ University will reimburse Contractor’s expenses, including travel, up to the following not to exceed (NTE) amount of*: [INSERT TOTAL NTE AMOUNT FOR ALL EXPENSES]. Individual itemized expenses may be revised, but total amount reimbursed may not exceed the NTE listed above.
☐ University will pay Contractor’s expenses directly to third parties, on Contractor’s behalf, up to the following not to exceed ("NTE") amount of *†: [INSERT TOTAL NTE AMOUNT FOR DIRECT PAY].

Contract Maximum Compensation: $[INSERT GRAND TOTAL]**
☐ Interim payments paid to Contractor (if checked use Attachment C). If this box is not checked only one fee/honorarium payment will be made under this Contract.

*Unless boxes are checked reimbursements or expenses will not be paid under this Contract.
† Subject to the limitations of University’s published reimbursement rates found at the following web address: http://ba.uoregon.edu/content/travel-reimbursement
**Contract Maximum Compensation includes the sum of all fees and reimbursements paid to Contractor and all expenses paid by University on behalf of Contractor.

By my signature below I am accepting the terms and conditions of this Contract and I certify that I am not a University of Oregon employee, I am an independent contractor, and I understand the tax and legal implications of this Contract and that payments under this Contract will be reported on Form 1099.

Signature of Contractor__________________________________________ Date Signed:__________________
Printed Name and Title of Contractor_______________________________

University:
By:__________________________________________ Printed Name:______________________________
Date:________________________________________ Title:____________________________________
STATEMENT OF WORK:

[ADD TEXT HERE TO COMPREHENSIVELY DESCRIBE ALL SERVICES INCLUDING TASKS AND DELIVERABLES TO BE PROVIDED BY CONTRACTOR, TIMELINE AND BENCHMARKS FOR RECEIPT OF SUCH TASKS AND DELIVERABLES, STARTING WITH "Contractor will . . ."]
The maximum compensation under this Contract as indicated on the first page of this Contract includes all fees, honorariums and expenses reimbursed or paid directly on behalf of the Contractor as listed below. Any increase in compensation under this Contract must be preceded by written amendment signed by a University Contract Officer. The amendment detailing additional work and/or reimbursements must be signed by a University Contracts Officer prior to Contractor performing any such work or incurring any such reimbursable expenses and prior to the expiration date of this Contract. Payment for all work under this Contract is subject to OAR 580-061-0050.

Check all boxes that apply:

☐ Variable Fee. Compensation will be determined by the following rate structure: [PROVIDE RATE OF PAYMENT, SUCH AS $____ per deliverable.]

☐ Reimbursement (Leaving this box unchecked indicates that no reimbursements will be made under this Contract). Contractor will be reimbursed for the following itemized expenses:

1. $ [MAXIMUM AMOUNT REIMBURSED] [DESCRIPTION OF REIMBURSEMENT]
2. $ [MAXIMUM AMOUNT REIMBURSED] [DESCRIPTION OF REIMBURSEMENT]
3. $ [MAXIMUM AMOUNT REIMBURSED] [DESCRIPTION OF REIMBURSEMENT]
4. $ [MAXIMUM AMOUNT REIMBURSED] [DESCRIPTION OF REIMBURSEMENT]

To receive these reimbursements (check one):

☐ Contractor will provide receipts or documentation of all expenses to University and will be reimbursed subject to the applicable limits found at the following web address: http://ba.uoregon.edu/content/travel-reimbursement. Any reimbursement under this option will be reported as income on Form 1099 unless Contractor is an individual.

☐ Contractor will fully describe any expenses listed within Contractor’s Invoice. Contractor will maintain original receipts. All such payments under this section will be reported by University on Form 1099.

☐ Direct Payment of Contractor Expenses (Leaving this box unchecked indicates that no direct payment by University of Contractor’s expenses will be made under this Contract). University will directly pay the following itemized expenses, subject to the applicable limits found at the following web address: http://ba.uoregon.edu/content/travel-reimbursement. Contractor will not be reimbursed for these expenses and these expenses will be included as part of the “Maximum Compensation” amount indicated on the first page of this Contract:

1. $ [MAXIMUM AMOUNT TO BE PAID BY UNIVERSITY] [DESCRIPTION OF EXPENSE]
2. $ [MAXIMUM AMOUNT TO BE PAID BY UNIVERSITY] [DESCRIPTION OF EXPENSE]
3. $ [MAXIMUM AMOUNT TO BE PAID BY UNIVERSITY] [DESCRIPTION OF EXPENSE]
4. $ [MAXIMUM AMOUNT TO BE PAID BY UNIVERSITY] [DESCRIPTION OF EXPENSE]

☐ Interim Payments (Leaving this box unchecked indicates that no interim payments will occur. If making interim payments, at least 10% of total payment may not be paid until all work is completed.) Interim payments will be allowed. Payment will be made to Contractor following University’s review and approval of billings submitted by Contractor. Interim payments will be made according to the following schedule:

- [PROVIDE A DETAILED SCHEDULE OF PAYMENTS REFERENCING BENCHMARKS AND TIMELINE LAID OUT IN THE STATEMENT OF WORK IF APPLICABLE]
- Final Payment of [PERCENTAGE OF AT LEAST 10]% will be paid to Contractor upon completion and University’s acceptance of all work under this Contract.
During the term of this Contract, Contractor will maintain in full force at Contractor’s own expense the insurance indicated below and fulfill the following requirements:

1. **General Liability Insurance** ☐ Required by University ☐ Not Required by University
   Contractor will obtain comprehensive general liability insurance with a broad form CGL endorsement or broad form commercial general liability insurance, with a minimum combined single limit of not less than ☐ $1,000,000 for each occurrence and $2,000,000 aggregate or ☐ $2,000,000 for each occurrence and $5,000,000 aggregate covering bodily injury and property damage, and will include personal and advertising injury liability, products liability, and contractual liability coverage for the indemnity provided under this Contract. It will provide that University and officers and employees are additional insureds but only with respect to the Contractor's services to be provided under this Contract (See Paragraph #4 of this Attachment).

2. **Commercial Auto Liability Insurance:** ☐ Required by University ☐ Not Required by University
   Commercial automobile liability insurance with a minimum combined single limit of $1,000,000 for each accident and $2,000,000 aggregate for bodily injury and property damage, including coverage for owned, hired and non-owned vehicles, as applicable.

3. **Professional Liability Insurance:** ☐ Required by University ☐ Not Required by University
   Examples to consider: attorney, physician, dentist, counselor, architects, etc. Professional Liability insurance with a combined single limit, or the equivalent, of not less than ☐ $1,000,000 per occurrence and $2,000,000 aggregate or ☐ $2,000,000 per occurrence and $5,000,000 aggregate. This is to cover damages caused by error, omission, or negligent acts related to the professional services to be provided under this Contract. If this insurance is arranged on a “claims made” basis, “tail” coverage will be required at the completion of this Contract for a duration of 24 months. Only a certificate is required.

   **If in the presence of minors:** ☐ Required by University ☐ Not required by University
   In addition to the above professional liability insurance requirements, above, Contractor’s professional liability insurance policy will contain provisions for coverage of allegations of corporal punishment, sexual abuse, and molestation.

4. **Insurance; Certificates of Insurance and Endorsements.**
   Contractor will obtain insurance policies issued by an insurance company authorized to do business in the State of Oregon with a minimum financial rating of an AM Best rating of A- or higher. Contractor’s liability insurance, except for professional liability insurance, will be arranged on an “occurrence” basis. The Contractor will be financially responsible for all pertinent deductibles, self-insured retentions and/or self-insurance.

   Upon request by University, Contractor must provide to University a Certificate of Insurance from the insuring company evidencing insurance coverage required by this Contract. The “Description of Operations” must include (using the following exact language) the “State of Oregon, Board of Trustees of the University of Oregon, and the University of Oregon, their officers and employees” as additional insured.

   Upon request by University, Contractor will provide to University an endorsement from the insuring company, naming (using the following exact language) the State of Oregon, Board of Trustees of the University of Oregon, and the University of Oregon, their officers and employees” as additional insured. If requested, complete copies of insurance policies will be provided to University.

5. **Notice of cancellation or change.** Contractor will not cancel, materially change, reduce limits, or fail to renew the insurance coverage(s) without 30-days’ written notice from the Contractor or insurer(s) to University, Contract Manager at the following address: 720 E. 13th Avenue, Suite 302, Eugene, OR 97401.
ATTACHMENT F
Independent Contractor Certification Statement

A. CONTRACTOR IS INDEPENDENT. (Contractors who are not incorporated complete part A)

I, under penalties of perjury, certify that I am an independent contractor as defined in ORS 670.600 and that the following statements contained in Part A of this attachment are true and correct.

1. If providing services requiring licensure or certification, I certify that I have current and valid licenses or certificates required to provide the services, and I am licensed under ORS Chapter 671 or 701, if necessary.

2. I am customarily engaged in an independently established business as indicated by the occurrence of three (3) or more of the following requirements (Contractor, please check the criteria below that apply):
   ___ A. I maintain a business location that is separate from the University of Oregon. If that location is in a portion of my residence, it is used primarily for my business.
   ___ B. I routinely engage in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.
   ___ C. I bear the risk of loss related to my business by doing at least one of the following (check all that apply):
     ☐ I enter into fixed price contracts.
     ☐ I am required to correct defective work I perform.
     ☐ I negotiate indemnification agreements, purchase liability insurance, performance bonds, or “errors and omissions” insurance.
     ☐ I warrant the services I provide.
   ___ D. I provide the contracted services for two or more different persons/entities within a period of one year, or routinely engage in business advertising and other marketing efforts reasonably calculated to obtain new business to provide similar services.
   ___ E. I have the authority to hire and fire others to provide or to assist in providing the services.

Contractor Signature: ______________________ Date: __________

B. DEPARTMENT APPROVAL. (Section B to be completed by Department)

ORS 670.600 sets forth the standards for classifying a vendor as an independent contractor. By my signature below I represent that under this contract:

1. The Contractor is free from direction and control over the means and manner of providing the services, subject only to the University’s right to specify the desired results of the services.

2. The Contractor is responsible for obtaining all business registrations, certifications, and licenses necessary to perform the services.

3. The Contractor is performing services and/or providing goods for remuneration.

Department Signature: ______________________ Date: __________
1. **Submission.** Submit the completed Personal Services Contracts ("PSC(s)"), all required attachments and PCS Intake Sheet to contract@uoregon.edu. The PCS Intake Sheet and accompanying instructions can be found at http://pcs.uoregon.edu. If submitting hard copies of the PSC through campus mail, send them to: Purchasing and Contracting Services, Attn: PSC Intake. Electronic submittal is preferred. The PCS Intake Sheet must always be sent electronically regardless of whether all other documents are otherwise sent through campus mail.

2. **Processing.** Purchasing and Contracting Services ("PCS") will insert a unique identification number and review the PSC and accompanying documentation and will communicate any questions, revisions or concerns to the submitting department. If negotiations are required with the vendor, PCS is available to discuss the changes with Contractor or the department may maintain exclusive contact with Contractor at its discretion.

3. **Contractor Information.** If Contractor is a new vendor (not previously set up in Banner), follow the instructions set forth at http://ba.uoregon.edu/staff/vendor-setup for the new vendor set-up procedures and to obtain a copy of the UO Substitute W-9 instructions. **DO NOT SUBMIT UO SUBSTITUTE W-9 TO PCS.**

   Additionally, if Contractor is a non-resident alien individual or entity, regardless of whether Contractor is a new vendor, follow the instructions set forth at http://ba.uoregon.edu/staff/payment-process-for-international-visitors. Complete all required documents and submit the original documents directly to Accounts Payable in Business Affairs Office. **DO NOT SEND COPIES OR ORIGINALS OF THE W-8, FORM 8233, OR ANY OTHER REQUIRED NON-RESIDENT ALIEN DOCUMENTS TO PCS.** If Contractor is a resident alien, Contractor does not need to submit documentation of Contractor’s status. If you have any questions regarding vendor set-up, resident alien, or non-resident alien requirements, please contact Accounts Payable at 346-3143.

4. **Signatures.** Once approved by PCS, the approved PSC will be emailed to the department with instructions that the department obtain Contractor’s signature. After all required signatures are obtained, PCS will execute the agreement. However, if the PSC is below $25,000, PCS will sign first unless otherwise requested by department. If PCS signs the agreement last, a final fully executed electronic copy of the agreement will be returned to the department via email with instructions that the department forward a copy of the fully executed agreement to Contractor (PCS can send a copy of the fully executed agreement to Contractor if the department wishes). If Contractor wishes to receive hard original copies of the agreement with blue ink signatures, PCS will be happy to oblige.

5. **Form Completion**
   5.1. **Contractor Information.** Insert the name of the entity or individual with whom we will be contracting. Please be sure to use the full legal name of the entity or individual. This is either the full name of the individual if the contractor is a sole proprietorship or the name published on the website of the Secretary of State in the state in which the company is incorporated or organized. **Do not use abbreviations.** If the Contractor
would like to provide a “doing business as” (dba) name, please include the dba name following the full legal name (e.g. “Oregon Coachways, Inc. dba OC&W Coachways”). Please note that the full legal name is still required even if a dba name is present. Please complete all contact information for Contractor.

5.2 **Department Name.** Department Name is the department submitting the PSC for processing. No abbreviations or acronyms please.

5.3 **Prepared by and Preparer’s Phone Number.** Please insert the name and phone number of the department staff member completing the PSC.

5.4 **Contract Term.** Dates the services will begin and end under the Contract. If the effective date field is left blank, date of last signature is the effective date. The Contract expiration (end) date must be entered and may not be left blank. A contract does not exist and services should not be provided until all signatures are secured. Please instruct Contractor that services may not begin until this happens.

5.5 **Statement of Work.** Provide a complete description of the agreed upon services that will be rendered including specific work elements, tasks, deliverables and associated timeline. Use consistent terminology for defined terms (i.e. University of Oregon is defined as “University” not “UO” or “Oregon”). The Statement of Work should be drafted with enough detail and specificity so that an independent third party can read and understand what is expected under the contract without being required to obtain additional information from outside sources. For further instruction on writing a Statement of Work, see the following documents: “Writing an Effective Statement of Work”, “Statement of Work Worksheet.”

5.6 **Contract Fee/Honorarium.** If you need additional space for the rate structure information in the form-fill fields on the cover page (if the PSC cover page expands to include two pages) type “See Exhibit C” in the Variable Fee form-fill field. Check Exhibit C and fill out the Variable Fee section in Exhibit C.

5.6.1 **Fixed Fee.** If Contractor will be paid a fixed amount, check the “Fixed Fee” box and insert the fixed fee amount in the box.

5.6.2 **Variable Fee.** If Contractor will be paid on a variable rate basis (i.e. hourly rate, based on deliverables accepted by University, etc.), check the “Variable Fee” box and insert the rate structure in the adjacent form-fill field.

5.6.3 **Expenses.**

5.6.3.1 **Contractor’s Expenses Including Travel.** If University will be reimbursing any of Contractor’s expenses, including travel expenses, check the first box in the Expenses section and insert the total not to exceed amount for all expenses. If this box is not checked, Contractor will not be reimbursed for expenses. Please note, any reimbursements will be reported as income on a Form 1099 unless Contractor is an individual.

5.6.3.2 **Direct Payment of Contractor’s Expenses.** If University will be paying
any of Contractor’s expenses directly, check the second box in the Expenses section and insert the total not to exceed amount for all direct payments. If this box is not checked, University will not directly pay any expenses on behalf of Contractor.

5.6.3.3. Interim Payments. If University will be making interim payments during the term of the PSC, check the fourth box in the Expenses section and refer to the Interim Payments section in Attachment C (See Section 5.6.3 below).

5.6.3.4. If the expense data imputed into the fields in the Expenses section causes the PSC cover page to wrap to two pages, check Attachment C in the Attachments section and fill out Attachment C.

5.6.4. Contract Maximum Compensation. Insert the maximum dollar amount that may be paid to Contractor including all financial considerations such as reimbursements, travel, per diem, etc. Expenses paid to third party contractors on behalf of Contractor are also included.

5.7. Additional Terms and Attachments.

5.7.1. Attachment A. Personal Services Contract Standard Contract Provisions: Required. Attachment A is found on our website at: http://pcs.uoregon.edu/content/forms and should not be physically attached to the contract. Departments may not make changes to Attachment A. If the department or Contractor wants to change any of the terms and conditions in this attachment, such request changes must be submitted to PCS for review and approval. Such a submission will be treated as a custom contract. Department personnel may not sign a Contractor’s contract or terms and conditions.

All additional attachments below, whether added by the department or Contractor, must be uniquely labeled and referenced in the Contract.

5.7.2. Attachment B. Statement of Work: Required if the statement of work will not fit in the space provided on page 1 of the PSC. See Section 5.5 above.

5.7.3. Attachment C. Compensation: Required if the instructions in Section 5.6.3 above so indicate. Includes fees, travel expenses if applicable, and payment information. Please refer to http://ba.uoregon.edu/travel-independent-contractors.

If there is an interim payment schedule, enter it in the section marked “Interim Payments.” If making interim payments, at least 10% of total payment may not be paid until all work under the PSC is completed. NOTE: Payment(s) need to be related to and dependent upon deliverables provided or services performed.

5.7.4. Attachment D. Insurance Requirements: Required if insurance is required. The department must assist in assessing the risk potential of each contract. The risk associated with the contract is not solely dependent on the dollar amount of the PSC.
5.6.4.1 General Liability Insurance is the most common type of insurance policy when insurance is required. This is most often required when there is a risk of bodily or property damage.

5.6.4.2 Auto liability, including business use, is required if Contractor will be driving on campus or other University of Oregon property or if Contractor will be transporting individuals in the scope of Contractor’s work.

5.6.4.3 Professional Liability Insurance is required whenever the University is relying on the professional judgment of Contractor and Contractor’s errors and omissions could subject the University to undue risk.

5.6.4.4 Note any questions regarding insurance coverage on the PCS Intake Sheet.

5.7.5. **Attachment E. Photography Contract Provisions:** Required if hiring a photographer. Check Attachment E on the PSC cover sheet. Provide dates, times, locations and subject matter of Contractor’s work in either in the Statement of Work section on the cover page of the PSC or on Attachment B (Statement of Work).

5.7.5.1. **Hourly Rate.** If Contractor will provide services on a variable basis (i.e. hourly), detail such terms in the Variable Fee portion on the PSC cover page or Attachment C.

5.7.5.2. **Rate Sheet.** If Contractor will provide services based on a rate sheet, label and attach such rate sheet as Attachment C-1. Check the “Other” item box in the Attachments section of the PSC cover page and type “Attachment C-1” in “Other” field. Check the Variable Fee section of the PSC cover page and type “See Attachment C-1” in the Variable Fee field.

5.7.6. **Attachment F. Independent Contractor Certification Statement.** If the Contractor is an individual, the Independent Contractor Certification Statement must be completely filled out and signed by the Contractor. The Independent Contractor Certification Statement must then be signed by the Department.

5.7.7. **SPS Contract Provisions.** Required if ARRA grant funds are paying for the services in whole or in part provided under the PSC. May also be required if the Sponsored Projects Services has indicated that grant requirements dictate that special terms and conditions be added to the PSC.

5.7.8. **Other.** Mark this box if another attachment is needed and will be used. Provide a unique title.

5.8. **Approvals.** Please see Approvals List (https://pcs.uoregon.edu/content/forms) to ensure you have received all necessary internal approvals required for the PSC.

Unless PCS has approved Level 2 Contracting Authority, PCS will obtain SPS’s approval of the Contract as required. If the department is exercising Level 2 Contracting Authority they will need to insert the approval information.
If special terms are required by SPS, please select the “Other” box in the Attachment List on the front of the Contract and type in the Attachment Title in the space. Please submit the special terms to PCS with the PCS intake sheet and PCS will attach them to the Contract.

5.9. **PCS Signature.** Unless PCS has approved Level 2 Contracting Authority, PCS execution of the Contract must be obtained *prior* to the start of services (See Section 4 above).
PERSONAL SERVICES CONTRACT CHECKLIST

☐ Amount of activity including renewals, amendments, travel and reimbursements does not exceed $25,000.

☐ Contract is not being inappropriately split in order to avoid competitive limits or signature authority thresholds.

☐ Confirmed contractor is not a UO employee in Banner.

☐ This agreement does not give rise to issues involving the UO Ethics Policy or conflicts of interest.

☐ Verified contractor’s full legal name and entity status with applicable Secretary of State Business Registry (not applicable for contracts with individuals).

☐ All required form-fill fields are completed.

☐ All required contract exhibits are attached.

☐ Independent Contractor Certification Statement has been fully completed and signed by Contractor, and has been signed by Department.

☐ The statement of work identifies the scope of the project, including any tasks, milestones, deliverables and timelines with enough clarity for an independent third party to ascertain all parties’ obligations without the need to go outside of the contract for clarification.

☐ If SPS approval is required it was obtained.

☐ For grant funded Contracts, the following was confirmed:
  ☐ Contractor is not on the Excluded Parties or Debarred Contractors listing.
  ☐ Grant dates cover Contract services period as verified in Banner.
  ☐ Grant funds are available as verified in Banner.
  ☐ Department verified expenditure is allowable, allocable and reasonable.
  ☐ If grant required special terms, those terms are included in the Contract.

☐ All other required approvals were obtained. See Approvals List: https://pcs.uoregon.edu/content/forms

☐ Neither contractor nor department has made any changes to contract or terms and conditions.

☐ If Insurance is required, a Certificate of Insurance and Endorsement was obtained as required.

☐ The employee approving and signing the contract has currently approved Level 2 Contracting Authority.

☐ Contract file for this matter contains all required documentation including, but not limited to the signed contract, this checklist, notes and related communications.

Please contact PCS if you have any questions regarding the PSC process.

By: __________________________  Date: __________________________
Printed Name: _________________
EMPLOYEE OR INDEPENDENT CONTRACTOR?

In recent years, the Internal Revenue Service (IRS) has sought out and imposed severe penalties on companies that treat employees as independent contractors, and which fail to withhold taxes. To avoid the paperwork burden and expense of payroll taxes, some employers inappropriately designate workers "independent contractors." If the IRS determines that the worker is actually an "employee," the person responsible for the collection and payment of withholding taxes may be held personally liable for an amount equal to the taxes that should have been withheld.

The IRS considers 20 questions in determining a worker's status. Meeting just one of the conditions may qualify the worker as an employee. If a company is unable to determine the appropriate designation from the IRS guidelines, the IRS will help. Simply file a Form SS-8 and the IRS will respond with a determination. A summary of the IRS position and the 20 questions are provided below:

IRS Factors and the 20 Questions

3 IRS Factors:
- Behavior Control
- Financial Control
- Relationships of the Parties

An employer must generally withhold income taxes; withhold and pay social security and Medicare taxes; and pay unemployment taxes on wages paid to an employee. An employer does not generally have to withhold or pay any taxes on payments to independent contractors.

To help determine whether an individual is an employee under the common-law rules, the IRS has identified 20 questions that are used as guidelines to determine whether sufficient control is present to establish an employer-employee relationship.

These questions should be considered guidelines. Not every factor is applicable in every situation, and the degree of importance of each factor varies depending on the type of work and individual circumstances. However, all relevant questions are considered in making a determination, and no one factor is decisive. It does not matter that a written agreement may take a position with regard to any questions or state that certain questions do not apply if the facts indicate otherwise.

The 20 questions are categorized under the three IRS factors as follows:

A. Behavioral Control Factors

1. **Instructions.** An employee must comply with instructions about when, where, and how to work. Even if no instructions are given, the control factor is present if the employer has the right to control how the work results are achieved.

2. **Training.** An employee may be trained to perform services in a particular manner. Independent contractors ordinarily use their own methods and receive no training from the purchasers of their services.

3. **Integration.** An employee's services are usually integrated into the business operations because the services are important to the success or continuation of the business. This shows that the employee is subject to direction and control.

4. **Services rendered personally.** An employee renders services personally. This shows that the employer is interested in the methods as well as the results.

5. **Hiring assistants.** An employee works for an employer who hires, supervises, and pays workers. An independent contractor can hire, supervise, and pay assistants under a contract that requires him or her to provide materials and labor and to be responsible only for the result.

6. **Continuing relationship.** An employee generally has a continuing
relationship with an employer. A continuing relationship may exist even if work is performed at recurring although irregular intervals.

7. **Set hours of work.** An employee usually has set hours of work established by an employer. An independent contractor generally can set his or her own work hours.

8. **Full-time required.** An employee may be required to work or be available full-time. This indicates control by the employer. An independent contractor can work when and for whom he or she chooses.

9. **Work done on premises.** An employee usually works on the premises of an employer, or works on a route or at a location designated by an employer.

10. **Order or sequence set.** An employee may be required to perform services in the order or sequence set by an employer. This shows that the employee is subject to direction and control.

11. **Reports.** An employee may be required to submit reports to an employer. This shows that the employer maintains a degree of control.

**B. Financial Control Factors**

12. **Payments.** An employee is generally paid by the hour, week, or month. An independent contractor is usually paid by the job or on straight commission.

13. **Expenses.** An employee's business and travel expenses are generally paid by an employer. This shows that the employee is subject to regulation and control.

14. **Tools and materials.** An employee is normally furnished significant tools, materials, and other equipment by an employer.

15. **Investment.** An independent contractor has a significant investment in the facilities he or she uses in performing services for someone else.

16. **Profit or loss.** An independent contractor can make a profit or suffer a loss.

**C. Relationship of the Parties Factors**

17. **Works for more than one person or firm.** An independent contractor is generally free to provide his or her services to two or more unrelated persons or firms at the same time.

18. **Offers services to general public.** An independent contractor makes his or her services available to the general public.

19. **Right to fire.** An employee can be fired by an employer. An independent contractor cannot be fire so long as he or she produces a result that meets the specifications of the contract.

20. **Right to quit.** An employee can quit his or her job at any time without incurring liability. An independent contractor usually agrees to complete a specific job and is responsible for its satisfactory completion, or is legally obligated to make good for failure to complete it.
ATTACHMENT F
Independent Contractor Certification Statement

A. CONTRACTOR IS INDEPENDENT. (Contractors who are not incorporated complete part A)

I, under penalties of perjury, certify that I am an independent contractor as defined in ORS 670.600 and that the following statements contained in Part A of this attachment are true and correct.

1. If providing services requiring licensure or certification, I certify that I have current and valid licenses or certificates required to provide the services, and I am licensed under ORS Chapter 671 or 701, if necessary.

2. I am customarily engaged in an independently established business as indicated by the occurrence of three (3) or more of the following requirements (Contractor, please check the criteria below that apply):
   
   ___ A. I maintain a business location that is separate from the University of Oregon. If that location is in a portion of my residence, it is used primarily for my business.
   
   ___ B. I routinely engage in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.
   
   ___ C. I bear the risk of loss related to my business by doing at least one of the following (check all that apply):
      
      [ ] I enter into fixed price contracts.
      [ ] I am required to correct defective work I perform.
      [ ] I negotiate indemnification agreements, purchase liability insurance, performance bonds, or “errors and omissions” insurance.
      [ ] I warrant the services I provide.
   
   ___ D. I provide the contracted services for two or more different persons/entities within a period of one year, or routinely engage in business advertising and other marketing efforts reasonably calculated to obtain new business to provide similar services.
   
   ___ E. I have the authority to hire and fire others to provide or to assist in providing the services.

Contractor Signature: ___________________________ Date: ___________________________

B. DEPARTMENT APPROVAL. (Section B to be completed by Department)

ORS 670.600 sets forth the standards for classifying a vendor as an independent contractor. By my signature below I represent that under this contract:

1. The Contractor is free from direction and control over the means and manner of providing the services, subject only to the University’s right to specify the desired results of the services.

2. The Contractor is responsible for obtaining all business registrations, certifications, and licenses necessary to perform the services.

3. The Contractor is performing services and/or providing goods for remuneration.

Department Signature: ___________________________ Date: ___________________________
This Personal Services Contract ("Contract") is between the University of Oregon ("University") and Contractor indicated below ("Contractor"). University and Contractor are each a "Party" and collectively "Parties."

**Contractor Information**

Full Legal Name or Business Name: [FULL LEGAL NAME OF CONTRACTOR]
Mailing Address used for Tax Reporting:
Street/PO Box:
City: State:
Zip Code:
E-mail Address:
Office Phone Number:
Cell Phone Number:
(please indicate which phone number is your primary number)

**Additional Terms & Attachments**

Attachment A: Personal Services Contract Standard Contract Provisions can be found at: http://pcs.uoregon.edu/content/forms and is incorporated by this reference and made a part of this Contract.

Attachment B: Statement of Work
Attachment C: Compensation
Attachment D: Insurance Requirements
Attachment F: Independent Contractor Certification

Statement of Work:
[IF THIS CONTRACT IS FOR A SPEAKER, PLEASE USE THE FOLLOWING FORMAT: Contractor will give a presentation on [TOPIC] on [DATE OR RANGE OF DATES] at/from [TIME] at [LOCATION INCLUDING ROOM NUMBER] with exact date, time, and location to be determined at University’s sole discretion. [IF CONTRACTOR IS NOT A SPEAKER, DELETE THE LANGUAGE ABOVE AND INCLUDE TASKS AND DELIVERABLES WITH BENCHMARKS AND TIMELINES STARTING WITH "Contractor will"]

By my signature below I am accepting the terms and conditions of this Contract and I certify that I am not a University of Oregon employee, I am an independent contractor, and I understand the tax and legal implications of this Contract and that payments under this Contract will be reported on Form 1099.

Signature of Contractor __________________________ Date Signed: ________________
Printed Name and Title of Contractor __________________________

University:
By: __________________________ Printed Name: __________________________
Date: ________________ Title: __________________________

**Contract Term.** This Contract will become effective [EFFECTIVE DATE], or the date of last signature below, whichever is later. Unless earlier terminated or extended, this Contract will expire on [END DATE].

**Contract Fee/Honorarium:**
Check one:
☐ Fixed Fee: $[INSERT FIXED FEE]
☐ Variable Fee: $[INSERT STRUCTURE]

**Expenses:**
☐ University will reimburse Contractor’s expenses, including travel, up to the following not to exceed (NTE) amount of *†: [INSERT TOTAL NTE AMOUNT FOR ALL EXPENSES].
Individual itemized expenses may be revised, but total amount reimbursed may not exceed the NTE listed above.

☐ University will pay Contractor's expenses directly to third parties, on Contractor’s behalf, up to the following not to exceed (“NTE”) amount of *†: [INSERT TOTAL NTE AMOUNT FOR DIRECT PAY].

**Contract Maximum Compensation:** $[INSERT GRAND TOTAL]**

☐ Interim payments paid to Contractor (if checked use Attachment C). If this box is not checked only one fee/honorarium payment will be made under this Contract.

*Unless boxes are checked reimbursements or expenses will not be paid under this Contract.
† Subject to the limitations of University’s published reimbursement rates found at the following web address: http://ba.uoregon.edu/content/travel-reimbursement

**Contract Maximum Compensation includes the sum of all fees and reimbursements paid to Contractor and all expenses paid by University on behalf of Contractor.**
STATEMENT OF WORK:

[ADD TEXT HERE TO COMPREHENSIVELY DESCRIBE ALL SERVICES INCLUDING TASKS AND DELIVERABLES TO BE PROVIDED BY CONTRACTOR, TIMELINE AND BENCHMARKS FOR RECEIPT OF SUCH TASKS AND DELIVERABLES, STARTING WITH "Contractor will . . ."]
The maximum compensation under this Contract as indicated on the first page of this Contract includes all fees, honorariums and expenses reimbursed or paid directly on behalf of the Contractor as listed below. Any increase in compensation under this Contract must be preceded by written amendment signed by a University Contract Officer. The amendment detailing additional work and/or reimbursements must be signed by a University Contracts Officer prior to Contractor performing any such work or incurring any such reimbursable expenses and prior to the expiration date of this Contract. Payment for all work under this Contract is subject to OAR 580-061-0050.

Check all boxes that apply:

☐ Variable Fee. Compensation will be determined by the following rate structure: [PROVIDE RATE OF PAYMENT, SUCH AS $____ per deliverable.]

☐ Reimbursement (Leaving this box unchecked indicates that no reimbursements will be made under this Contract). Contractor will be reimbursed for the following itemized expenses:

1. $ [MAXIMUM AMOUNT REIMBURSED] [DESCRIPTION OF REIMBURSEMENT]
2. $ [MAXIMUM AMOUNT REIMBURSED] [DESCRIPTION OF REIMBURSEMENT]
3. $ [MAXIMUM AMOUNT REIMBURSED] [DESCRIPTION OF REIMBURSEMENT]
4. $ [MAXIMUM AMOUNT REIMBURSED] [DESCRIPTION OF REIMBURSEMENT]

To receive these reimbursements (check one):

☐ Contractor will provide receipts or documentation of all expenses to University and will be reimbursed subject to the applicable limits found at the following web address: http://ba.uoregon.edu/content/travel-reimbursement. Any reimbursement under this option will be reported as income on Form 1099 unless Contractor is an individual.

☐ Contractor will fully describe any expenses listed within Contractor's Invoice. Contractor will maintain original receipts. All such payments under this section will be reported by University on Form 1099.

☐ Direct Payment of Contractor Expenses (Leaving this box unchecked indicates that no direct payment by University of Contractor's expenses will be made under this Contract). University will directly pay the following itemized expenses, subject to the applicable limits found at the following web address: http://ba.uoregon.edu/content/travel-reimbursement. Contractor will not be reimbursed for these expenses and these expenses will be included as part of the “Maximum Compensation” amount indicated on the first page of this Contract:

1. $ [MAXIMUM AMOUNT TO BE PAID BY UNIVERSITY] [DESCRIPTION OF EXPENSE]
2. $ [MAXIMUM AMOUNT TO BE PAID BY UNIVERSITY] [DESCRIPTION OF EXPENSE]
3. $ [MAXIMUM AMOUNT TO BE PAID BY UNIVERSITY] [DESCRIPTION OF EXPENSE]
4. $ [MAXIMUM AMOUNT TO BE PAID BY UNIVERSITY] [DESCRIPTION OF EXPENSE]

☐ Interim Payments (Leaving this box unchecked indicates that no interim payments will occur. If making interim payments, at least 10% of total payment may not be paid until all work is completed.) Interim payments will be allowed. Payment will be made to Contractor following University’s review and approval of billings submitted by Contractor. Interim payments will be made according to the following schedule:

- [PROVIDE A DETAILED SCHEDULE OF PAYMENTS REFERENCING BENCHMARKS AND TIMELINE LAID OUT IN THE STATEMENT OF WORK IF APPLICABLE]
- Final Payment of [PERCENTAGE OF AT LEAST 10]% will be paid to Contractor upon completion and University’s acceptance of all work under this Contract.
During the term of this Contract, Contractor will maintain in full force at Contractor’s own expense the insurance indicated below and fulfill the following requirements:

1. **General Liability Insurance** □ Required by University □ Not Required by University
   Contractor will obtain comprehensive general liability insurance with a broad form CGL endorsement or broad form commercial general liability insurance, with a minimum combined single limit of not less than □ $1,000,000 for each occurrence and $2,000,000 aggregate or □ $2,000,000 for each occurrence and $5,000,000 aggregate covering bodily injury and property damage, and will include personal and advertising injury liability, products liability, and contractual liability coverage for the indemnity provided under this Contract. It will provide that University and officers and employees are additional insureds but only with respect to the Contractor's services to be provided under this Contract (See Paragraph #4 of this Attachment).

2. **Commercial Auto Liability Insurance:** □ Required by University □ Not Required by University
   Commercial automobile liability insurance with a minimum combined single limit of $1,000,000 for each accident and $2,000,000 aggregate for bodily injury and property damage, including coverage for owned, hired and non-owned vehicles, as applicable.

3. **Professional Liability Insurance:** □ Required by University □ Not Required by University
   Examples to consider: attorney, physician, dentist, counselor, architects, etc. Professional Liability insurance with a combined single limit, or the equivalent, of not less than □ $1,000,000 per occurrence and $2,000,000 aggregate or □ $2,000,000 per occurrence and $5,000,000 aggregate. This is to cover damages caused by error, omission, or negligent acts related to the professional services to be provided under this Contract. If this insurance is arranged on a “claims made” basis, “tail” coverage will be required at the completion of this Contract for a duration of 24 months. Only a certificate is required.

4. **Insurance; Certificates of Insurance and Endorsements.**
   Contractor will obtain insurance policies issued by an insurance company authorized to do business in the State of Oregon with a minimum financial rating of an AM Best rating of A- or higher. Contractor’s liability insurance, except for professional liability insurance, will be arranged on an “occurrence” basis. The Contractor will be financially responsible for all pertinent deductibles, self-insured retentions and/or self-insurance.

   Upon request by University, Contractor must provide to University a Certificate of Insurance from the insuring company evidencing insurance coverage required by this Contract. The “Description of Operations” must include (using the following exact language) the “State of Oregon, Board of Trustees of the University of Oregon, and the University of Oregon, their officers and employees” as additional insured.

   Upon request by University, Contractor will provide to University an endorsement from the insuring company, naming (using the following exact language) the State of Oregon, Board of Trustees of the University of Oregon, and the University of Oregon, their officers and employees” as additional insured. If requested, complete copies of insurance policies will be provided to University.

5. **Notice of cancellation or change.** Contractor will not cancel, materially change, reduce limits, or fail to renew the insurance coverage(s) without 30-days’ written notice from the Contractor or insurer(s) to University, Contract Manager at the following address: 720 E. 13th Avenue, Suite 302, Eugene, OR 97401.
ATTACHMENT F
Independent Contractor Certification Statement

A. CONTRACTOR IS INDEPENDENT. (Contractors who are not incorporated complete part A)

I, under penalties of perjury, certify that I am an independent contractor as defined in ORS 670.600 and that the following statements contained in Part A of this attachment are true and correct.

1. If providing services requiring licensure or certification, I certify that I have current and valid licenses or certificates required to provide the services, and I am licensed under ORS Chapter 671 or 701, if necessary.

2. I am customarily engaged in an independently established business as indicated by the occurrence of three (3) or more of the following requirements (Contractor, please check the criteria below that apply):
   ___ A. I maintain a business location that is separate from the University of Oregon. If that location is in a portion of my residence, it is used primarily for my business.
   ___ B. I routinely engage in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.
   ___ C. I bear the risk of loss related to my business by doing at least one of the following (check all that apply):
     ■ I enter into fixed price contracts.
     ■ I am required to correct defective work I perform.
     ■ I negotiate indemnification agreements, purchase liability insurance, performance bonds, or “errors and omissions” insurance.
     ■ I warrant the services I provide.
   ___ D. I provide the contracted services for two or more different persons/entities within a period of one year, or routinely engage in business advertising and other marketing efforts reasonably calculated to obtain new business to provide similar services.
   ___ E. I have the authority to hire and fire others to provide or to assist in providing the services.

Contractor Signature: ____________________________ Date: _____________

B. DEPARTMENT APPROVAL. (Section B to be completed by Department)

ORS 670.600 sets forth the standards for classifying a vendor as an independent contractor. By my signature below I represent that under this contract:

1. The Contractor is free from direction and control over the means and manner of providing the services, subject only to the University’s right to specify the desired results of the services.

2. The Contractor is responsible for obtaining all business registrations, certifications, and licenses necessary to perform the services.

3. The Contractor is performing services and/or providing goods for remuneration.

Department Signature: ____________________________ Date: _____________
This Personal Services Contract ("Contract") is between the University of Oregon ("University") and Contractor indicated below ("Contractor"). University and Contractor are each a “Party” and collectively “Parties.”

**Contractor Information**

- Full Legal Name or Business Name: [FULL LEGAL NAME OF CONTRACTOR]
- Mailing Address used for Tax Reporting:
  - Street/PO Box:
  - City: State: Zip Code:
  - E-mail Address:
  - Office Phone Number:
  - Cell Phone Number: (please indicate which phone number is your primary number)

**Additional Terms & Attachments**

- Attachment A: Personal Services Contract Standard Contract Provisions can be found at:
  - [http://pcs.uoregon.edu/content/forms](http://pcs.uoregon.edu/content/forms)
- Attachment B: Statement of Work
- Attachment C: Compensation
- Attachment D: Insurance Requirements
- Attachment F: Independent Contractor Certification Statement
- Other:

**Statement of Work:**

[IF THIS CONTRACT IS FOR A SPEAKER, PLEASE USE THE FOLLOWING FORMAT: Contractor will give a presentation on [TOPIC] on [DATE OR RANGE OF DATES] at/from [TIME] at [LOCATION INCLUDING ROOM NUMBER] with exact date, time, and location to be determined at University's sole discretion.]

[IF CONTRACTOR IS NOT A SPEAKER, DELETE THE LANGUAGE ABOVE AND INCLUDE TASKS AND DELIVERABLES WITH BENCHMARKS AND TIMELINES STARTING WITH "Contractor will"]

[PLEASE USE ATTACHMENT B AND TYPE "See Attachment B." HERE IF STATEMENT OF WORK IS LONG]

**Contract Term.** This Contract will become effective [EFFECTIVE DATE], or the date of last signature below, whichever is later. Unless earlier terminated or extended, this Contract will expire on [END DATE].

**Contract Fee/Honorarium:**

Check one:
- Fixed Fee: $[INSERT FIXED FEE]
- Variable Fee: $[INSERT STRUCTURE]

**Expenses:**

- University will reimburse Contractor’s expenses, including travel, up to the following not to exceed (NTE) amount of *: [INSERT TOTAL NTE AMOUNT FOR ALL EXPENSES]. Individual itemized expenses may be revised, but total amount reimbursed may not exceed the NTE listed above.
- University will pay Contractor’s expenses directly to third parties, on Contractor’s behalf, up to the following not to exceed ("NTE") amount of *: [INSERT TOTAL NTE AMOUNT FOR DIRECT PAY].

**Contract Maximum Compensation:** $[INSERT GRAND TOTAL]**

- Interim payments paid to Contractor (if checked use Attachment C). If this box is not checked only one fee/honorarium payment will be made under this Contract.

*Unless boxes are checked reimbursements or expenses will not be paid under this Contract.

†Subject to the limitations of University’s published reimbursement rates found at the following web address:
  - [http://ba.uoregon.edu/content/travel-reimbursement](http://ba.uoregon.edu/content/travel-reimbursement)

**Contract Maximum Compensation includes the sum of all fees and reimbursements paid to Contractor and all expenses paid by University on behalf of Contractor.**

By my signature below I am accepting the terms and conditions of this Contract and I certify that I am not a University of Oregon employee, I am an independent contractor, and I understand the tax and legal implications of this Contract and that payments under this Contract will be reported on Form 1099.

Signature of Contractor ___________________________ Date Signed: ____________

Printed Name and Title of Contractor ___________________________ ________

**University:**

By: ___________________________ Printed Name: ___________________________

Date: ____________ Title: ___________________________
STATEMENT OF WORK:

[ADD TEXT HERE TO COMPREHENSIVELY DESCRIBE ALL SERVICES INCLUDING TASKS AND DELIVERABLES TO BE PROVIDED BY CONTRACTOR, TIMELINE AND BENCHMARKS FOR RECEIPT OF SUCH TASKS AND DELIVERABLES, STARTING WITH "Contractor will . . ."]
The maximum compensation under this Contract as indicated on the first page of this Contract includes all fees, honorariums and expenses reimbursed or paid directly on behalf of the Contractor as listed below. Any increase in compensation under this Contract must be preceded by written amendment signed by a University Contract Officer. The amendment detailing additional work and/or reimbursements must be signed by a University Contracts Officer prior to Contractor performing any such work or incurring any such reimbursable expenses and prior to the expiration date of this Contract. Payment for all work under this Contract is subject to OAR 580-061-0050.

Check all boxes that apply:

☐ Variable Fee. Compensation will be determined by the following rate structure: [PROVIDE RATE OF PAYMENT, SUCH AS $____ per deliverable.]

☐ Reimbursement (Leaving this box unchecked indicates that no reimbursements will be made under this Contract). Contractor will be reimbursed for the following itemized expenses:

1. $ [MAXIMUM AMOUNT REIMBURSED] [DESCRIPTION OF REIMBURSEMENT]
2. $ [MAXIMUM AMOUNT REIMBURSED] [DESCRIPTION OF REIMBURSEMENT]
3. $ [MAXIMUM AMOUNT REIMBURSED] [DESCRIPTION OF REIMBURSEMENT]
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To receive these reimbursements (check one):

☐ Contractor will provide receipts or documentation of all expenses to University and will be reimbursed subject to the applicable limits found at the following web address: http://ba.uoregon.edu/content/travel-reimbursement. Any reimbursement under this option will be reported as income on Form 1099 unless Contractor is an individual.

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1. $ [MAXIMUM AMOUNT TO BE PAID BY UNIVERSITY] [DESCRIPTION OF EXPENSE]
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- Final Payment of [PERCENTAGE OF AT LEAST 10]% will be paid to Contractor upon completion and University’s acceptance of all work under this Contract.
During the term of this Contract, Contractor will maintain in full force at Contractor’s own expense the insurance indicated below and fulfill the following requirements:

1. **General Liability Insurance** ☐ Required by University ☐ Not Required by University
   Contractor will obtain comprehensive general liability insurance with a broad form CGL endorsement or broad form commercial general liability insurance, with a minimum combined single limit of not less than ☐ $1,000,000 for each occurrence and ☐ $2,000,000 aggregate or ☐ $2,000,000 for each occurrence and ☐ $5,000,000 aggregate covering bodily injury and property damage, and will include personal and advertising injury liability, products liability, and contractual liability coverage for the indemnity provided under this Contract. It will provide that University and officers and employees are additional insureds but only with respect to the Contractor's services to be provided under this Contract (See Paragraph #4 of this Attachment).

2. **Commercial Auto Liability Insurance:** ☐ Required by University ☐ Not Required by University
   Commercial automobile liability insurance with a minimum combined single limit of $1,000,000 for each accident and $2,000,000 aggregate for bodily injury and property damage, including coverage for owned, hired and non-owned vehicles, as applicable.

3. **Professional Liability Insurance:** ☐ Required by University ☐ Not Required by University
   Examples to consider: attorney, physician, dentist, counselor, architects, etc. Professional Liability insurance with a combined single limit, or the equivalent, of not less than ☐ $1,000,000 per occurrence and ☐ $2,000,000 per occurrence and ☐ $5,000,000 aggregate. This is to cover damages caused by error, omission, or negligent acts related to the professional services to be provided under this Contract. If this insurance is arranged on a “claims made” basis, “tail” coverage will be required at the completion of this Contract for a duration of 24 months. Only a certificate is required.

4. **Insurance; Certificates of Insurance and Endorsements.**
   Contractor will obtain insurance policies issued by an insurance company authorized to do business in the State of Oregon with a minimum financial rating of an AM Best rating of A- or higher. Contractor's liability insurance, except for professional liability insurance, will be arranged on an “occurrence” basis. The Contractor will be financially responsible for all pertinent deductibles, self-insured retentions and/or self-insurance.

   Upon request by University, Contractor must provide to University a Certificate of Insurance from the insuring company evidencing insurance coverage required by this Contract. The “Description of Operations” must include (using the following exact language) the “State of Oregon, Board of Trustees of the University of Oregon, and the University of Oregon, their officers and employees” as additional insured.

   Upon request by University, Contractor will provide to University an endorsement from the insuring company, naming (using the following exact language) the State of Oregon, Board of Trustees of the University of Oregon, and the University of Oregon, their officers and employees” as additional insured. If requested, complete copies of insurance policies will be provided to University.

5. **Notice of Cancellation or Change.** Contractor will not cancel, materially change, reduce limits, or fail to renew the insurance coverage(s) without 30-days’ written notice from the Contractor or insurer(s) to University, Contract Manager at the following address: 720 E. 13th Avenue, Suite 302, Eugene, OR 97401.
ATTACHMENT F
Independent Contractor Certification Statement

A. CONTRACTOR IS INDEPENDENT. (Contractors who are not incorporated complete part A)

<table>
<thead>
<tr>
<th>I, under penalties of perjury, certify that I am an independent contractor as defined in ORS 670.600 and that the following statements contained in Part A of this attachment are true and correct.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. If providing services requiring licensure or certification, I certify that I have current and valid licenses or certificates required to provide the services, and I am licensed under ORS Chapter 671 or 701, if necessary.</td>
</tr>
<tr>
<td>2. I am customarily engaged in an independently established business as indicated by the occurrence of three (3) or more of the following requirements (Contractor, please check the criteria below that apply):</td>
</tr>
<tr>
<td>___ A. I maintain a business location that is separate from the University of Oregon. If that location is in a portion of my residence, it is used primarily for my business.</td>
</tr>
<tr>
<td>___ B. I routinely engage in business advertising, solicitation or other marketing efforts reasonably calculated to obtain new contracts to provide similar services.</td>
</tr>
<tr>
<td>___ C. I bear the risk of loss related to my business by doing at least one of the following (check all that apply):</td>
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<tr>
<td>___ D. I provide the contracted services for two or more different persons/entities within a period of one year, or routinely engage in business advertising and other marketing efforts reasonably calculated to obtain new business to provide similar services.</td>
</tr>
<tr>
<td>___ E. I have the authority to hire and fire others to provide or to assist in providing the services.</td>
</tr>
</tbody>
</table>

Contractor Signature: __________________________ Date: ____________

B. DEPARTMENT APPROVAL. (Section B to be completed by Department)

ORS 670.600 sets forth the standards for classifying a vendor as an independent contractor. By my signature below I represent that under this contract:

| 1. The Contractor is free from direction and control over the means and manner of providing the services, subject only to the University’s right to specify the desired results of the services. |
| 2. The Contractor is responsible for obtaining all business registrations, certifications, and licenses necessary to perform the services. |
| 3. The Contractor is performing services and/or providing goods for remuneration. |

Department Signature: __________________________ Date: ____________
This Facilities Use Agreement ("Contract") is between the University of Oregon ("University") and [FULL LEGAL NAME OF CONTRACTOR] ("Contractor"). University and Contractor are each a "Party" and collectively "Parties".

1. University agrees to provide Contractor with a license to use of the following University facilities within [NAME OF BUILDING(S)] as further detailed: [DESCRIPTION OF ROOM(S) OR SPECIFIC AREA(S) OF THE BUILDING BEING USED] ("Facilities").

2. Facilities will be used for the purpose of [PURPOSE. ADD AS MUCH INFORMATION AS NECESSARY TO ADEQUATELY DESCRIBE THE SPECIFIC USES OF THE BUILDING ALLOWED UNDER THIS CONTRACT] ("Facilities Use").

3. Facilities Use will take place according to the following timeline:
   [DETAILED TIMELINE FOR USE OF FACILITIES, INCLUDING START DATE AND TIME AND END DATE AND TIME. FEEL FREE TO USE BULLETED POINTS FOR A TIMELINE]

4. Use Fee.

   4.1. Contractor will pay $[TOTAL AMOUNT AS DETERMINED BY EITHER THE FOLLOWING DESCRIPTION OR THE ATTACHED FEE PROPOSAL] ("Use Fee") which will be due on [DATE] ("Due Date"). University will assess and Contractor will pay a late fee of $[AMOUNT] if the Use Fee is received after the Due Date.

   □ If this box is checked, the Fee Proposal attached as Exhibit A applies to this rental.

   □ If this box is checked, the following applies to this rental: [ PROVIDE A DESCRIPTION OF EACH COST, CHARGE AND CRITERIA - INCLUDING CANCELLATION CHARGES/FEES]

   4.2. University may assess and Contractor will owe additional clean-up fees, at cost, in the amount of $[AMOUNT] per person-hour if Contractor fails to return the Facilities in the same condition as they were received, at the conclusion of Facilities' Use.

5. Contact Information.

   5.1. Contractor designates [NAME OF CONTRACTOR'S REPRESENTATIVE, ADDRESS, PHONE NUMBER, E-MAIL ADDRESS, AND FAX NUMBER] to attend the event and to act as the point of contact for University during the event ("Event Director").

   5.2. The representative of University and University's address will be [NAME OF UNIVERSITY'S REPRESENTATIVE, ADDRESS, PHONE NUMBER, E-MAIL ADDRESS AND FAX NUMBER].

6. Insurance.

   6.1. □ If this box is checked, general liability insurance is required in the amounts and form as set forth in the FUA Standard Terms and Conditions.

   6.2. □ If this box is checked, automobile liability insurance covering all owned, non-owned, and hired vehicles is required in the amounts and form as set forth in the FUA Standard Terms and Conditions.
7. **FUA Standard Terms and Conditions.** This Agreement includes and incorporates all the terms and conditions found at: [http://pcs.uoregon.edu/content/forms](http://pcs.uoregon.edu/content/forms).

8. **Execution and Counterparts.** This Contract may be executed in counterparts, and via facsimile or electronically transmitted signature (i.e. emailed scanned true and correct copy of the signed Contract), each of which will be considered an original and all of which together will constitute one and the same Contract. At the request of a Party, the other Party will confirm facsimile or electronically transmitted signature page by delivering an original signature page to the requesting Party.

9. **Entire Agreement.** This Contract constitutes the entire agreement between the Parties. There are no understandings, agreements or representations, oral or written, not specified in this Contract regarding this Contract. Contractor, by the signature of its authorized representative to this Contract, acknowledges having read and understood the Contract and Contractor agrees to be bound by its terms.

---

**UNIVERSITY**

By ______________________________
Name ____________________________
Title ____________________________
Date ____________________________

**CONTRACTOR**

By ______________________________
Name ____________________________
Title ____________________________
Date ____________________________
University of Oregon
Facilities Use Agreement Instructions

1. **Submission.** Submit the completed Facilities Use Agreement (“FUA”), all required attachments and PCS Intake Sheet to contract@uoregon.edu. The PCS Intake Sheet and accompanying instructions can be found at http://pcs.uoregon.edu/. If submitting hard copies of the FUA through campus mail, send them to: Purchasing and Contracting Services, Attn: FUA Intake. Electronic submittal is preferred. The PCS Intake Sheet must always be sent electronically regardless of whether all other documents are otherwise sent through campus mail.

2. **Processing.** PCS will review the FUA and accompanying documentation and will communicate any questions, revisions or concerns to the submitting department. If negotiations are required with the vendor, PCS is available to discuss the changes with the Contractor or the department may maintain exclusive contact with the Contractor at its discretion.

3. **Signatures.** Once approved by PCS, the approved FUA will be emailed to the department with instructions that the department obtain the Contractor’s signature. After all required signatures are obtained, PCS will execute the agreement. However, if the FUA is below $25,000, PCS will sign first unless otherwise requested by department. If PCS signs the FUA last, a final fully executed electronic copy of the FUA will be returned to the department via email with instructions that the department forward a copy of the fully executed FUA to Contractor (PCS can send a copy of the fully executed agreement to Contractor if the department wishes).

4. **Form Completion**

4.1. **Contract No.** Each contract should have a unique number for tracking that contract. If you are using this form under your Level 2 Signature Authority, create a unique number and insert this into the “Contract No.” field. If you are submitting this form to PCS for review and approval, PCS will create a contract number for tracking this contract.

4.2. **Contractor Name.** Insert the Contractor’s complete, legal name. This is either the name of the individual if Contractor is a sole proprietorship or the name published on the website of the secretary of state in the state in which the company is incorporated or organized. DO NOT USE ABBREVIATIONS. If the Contractor would like to provide it’s “doing business as” (dba) name, it may but the contract must list the Contractor’s full legal name then its dba.

4.3. **Facilities Licensed.** Insert a description of the facilities to be used by the Contractor.

4.4. **Facilities Use.** Insert the use/uses Contractor for which Contractor is licensing the Premises.

4.5. **Use Fee.**

4.5.1. Insert the total amount to be assessed to Contractor in connection with Contractor’s use of the facilities.
4.5.2. Insert date the Use Fee is due.
4.5.3. Insert the amount of the late fee, if any.
4.5.4. Check the first box if a rate sheet listing applicable fees will be attached to the FUA as Exhibit A.
4.5.5. Check the second box if the applicable fees will be listed within the FUA. Insert the applicable fees.
4.6. **Contact Information.**
   4.6.1. Insert the name and contact information for the individual that will be Contractor’s designated representative. This individual is required to attend the event and be the point of contact for all matters related to this Contract.
   4.6.2. Insert the name and contact information for the individual from the department that will be University’s representative for this Contract. This department person will be the first point of contact for all matters related to this Contract.

4.7. **Insurance.** If the facility use proposed by Contractor causes the UO to incur risk that should be allocated to the Contractor, **check the first box in Section 6.1.** The department must assist in assessing the risk potential of each FUA and require insurance if appropriate. The risk associated with the Contract is not solely dependent on the dollar amount of the use fee, but is also dependent on the proposed use.

If Contractor will be driving on campus or other University of Oregon property auto liability, including business use, is required. If the Contractor is a business and will be driving on campus in connection with Contractor’s business, **check the last box in Section 6.1.**

If insurance is required, then prior to Contractor’s use of the facility, UO must receive proof of required insurance coverage in the form of a certificate of insurance. If an endorsement is needed, UO must receive both a certificate and endorsement prior to Contractor’s use of the facility. UO may withhold final signature from FUA pending receipt of proof of required insurance coverage.

4.8. **Contracts Manager’s Signature.** Unless PCS has approved Level 2 Signature Authority, PCS execution of the Contract must be obtained *prior* to the facilities use (See Section 3 above).
**Purchase Order ("PO")**

**Commodity Code**  | **Index**  | **Account Code**  | **Fiscal Yr**  | **Bid Number**  | **Purchase Order Date**
--- | --- | --- | --- | --- | ---

**Contractor**  
(enter Full Legal name of contractor and full business address)

**Shipping Instructions**  
F.O.B. University

**Delivery Required By:**

<table>
<thead>
<tr>
<th>Item No</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Extended Price</th>
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</tbody>
</table>

**Total** $0.00

By providing goods or services under this PO, Contractor agrees to the terms and conditions contained in this PO and the Purchase Order Standard Terms and Conditions found at [http://pcs.uoregon.edu/content/forms](http://pcs.uoregon.edu/content/forms). If checked the following insurance requirements apply: Commercial General Liability Required; Commercial Automobile Liability Required.

By providing goods or services under this PO, Contractor agrees to the terms and conditions of the contract referenced above and by that reference incorporated into this Contract.

Unless otherwise noted on the face of this PO, Contractor shall invoice University only upon completion of this order. Prepay all transportation charges unless otherwise stated. If transportation is billed as a separate item, receipted freight bill must accompany invoice. University of Oregon is not subject to federal excise tax.

**Prepared By:**  
Phone Ext.  
Other Approvals:  
Phone Ext.

**Funds Authorized By:**  
Phone Ext.  
Purchase Order Approval:  
Phone Ext.
University of Oregon
Purchase Order
Instructions

1. Submission.

1.1. **If using Banner:** Submit any accompanying documentation referenced in the PO (such as a quote) to purchaseorder@uoregon.edu. Reference the Banner PO # in the Subject line of your e-mail. If submitting hard copies of documentation through campus mail, send them to: Purchasing and Contracting Services, Attn: PO Intake – [Banner PO #]. Electronic submittal is preferred.

1.2. **If not using Banner:** Submit the completed Purchase Order (PO) with all documentation referenced in the PO (such as a quote) to purchaseorder@uoregon.edu. If submitting hard copies of the PO through campus mail, send them to: Purchasing and Contracting Services, Attn: PO Intake. Electronic submittal is preferred.

1.3. If exercising Level 1 Contracting Authority (L1CA) or Level 2 Contracting Authority (L2CA) and you are out of all PO training queues, you do not need to submit your PO to PCS.

2. Processing.

2.1. **If using Banner:** PCS will review the PO in Banner and accompanying documentation submitted to PCS and will communicate any questions, revisions or concerns to the submitting department. If negotiations are required with the Contractor, PCS is available to discuss the changes with the Contractor or the department may maintain exclusive contact with the Contractor at its discretion.

2.2. **If not using Banner:** PCS will insert a unique identification number and review the PO and accompanying documentation and will communicate any questions, revisions or concerns to the submitting department. If negotiations are required with the Contractor, PCS is available to discuss the changes with the Contractor or the department may maintain exclusive contact with the Contractor at its discretion.

3. Vendor Setup.

3.1. **If using Banner:** If Contractor is a new vendor (not previously set-up in Banner), you must set-up the vendor before you may complete a Banner PO. Follow the instructions set forth at http://ba.uoregon.edu/staff/vendor-setup for the new vendor set-up procedures and to obtain a copy of the UO Substitute W-9 instructions. **DO NOT SUBMIT UO SUBSTITUTE W-9 TO PCS.**

3.2. **If not using Banner:** If Contractor is a new vendor (not previously set-up in Banner), follow the instructions set forth at http://ba.uoregon.edu/staff/vendor-setup for the new vendor set-up procedures and to obtain a copy of the UO Substitute W-9 instructions.
DO NOT SUBMIT UO SUBSTITUTE W-9 TO PCS.

4. Signatures.

4.1. **If using Banner:** PCS will approve the PO through Banner. The approved PO will then be available for printing.

4.2. **If not using Banner:** Once approved by PCS, the approved PO will be e-mailed to the department to submit to the Contractor.

4.3. If exercising L1CA or L1CA and you are out of all PO training queues, the person exercising L1CA/L2CA must approve the Banner PO or sign the paper PO.

5. Form Completion

5.1. **Ship to.** Insert complete and valid UO department name and department address. No abbreviations or acronyms. Addresses must be official University locations. Shipment may not be made to any non-UO address.

5.2. **Bill to.** Insert complete and valid UO department and department address. No abbreviations or acronyms.

5.3. **Commodity Code.** Insert appropriate commodity code for the expenditure.

5.4. **Index.** Insert appropriate index/fund for the expenditure.

5.5. **Account Code.** Insert appropriate account code for the expenditure.

5.6. **Fiscal Year.** Insert appropriate fiscal year.

5.7. **Bid Number.** For non-Banner PO's, insert bid number if applicable.

5.8. **Purchase Order Date.** For non-Banner PO's, insert date PO is created or issued. For Banner PO's, Banner will automatically insert the date.

5.9. **Contractor Name and Business Address.** Insert the Contractor’s complete, legal name and business address. This is either the name of the individual if Contractor is a sole proprietorship or the name published on the website of the secretary of state in the state in which the company is incorporated or organized. **Do not use abbreviations.** If Contractor would like to provide a “doing business as” (dba) name, please include the dba name following the full legal name (e.g. "Oregon Coachways, Inc. dba OC&W Coachways"). Please note that the full legal name is still required even if a dba name is present.

5.10. **Shipping Instructions.** Automatically defaults to F.O.B. University, unless otherwise stated.
5.11. **Delivery Date.** Delivery date is required. This must be an actual date; do not leave blank or write ASAP.

5.12. **Item No.** Start numbering at 1 and follow, 2, 3, 4….as needed. If you wish to reference a separate document or quote, please refer to #5.29 and 5.30 of these Instructions.

5.13. **Description.** List the descriptions for all times ordered. If you wish to reference a separate document or quote, please refer to #5.29 and 5.30 of these Instructions.

5.14. **Quantity.** List the quantity for each item ordered. If you wish to reference a separate document or quote, please refer to #5.29 and 5.30 of these Instructions.

5.15. **Unit.** List the unit of measure for all items ordered (example – each, dozen, feet). If you wish to reference a separate document or quote, please refer to #5.29 and 5.30 of these Instructions.

5.16. **Unit Price.** List the price for each unit of measure... If you wish to reference a separate document or quote, please refer to #5.29 and 5.30 of these Instructions.

5.17. **Multiple Delivery and/or Partial Payments.** If you wish to allow for delivery in more than one shipment or if you wish allow partial, interim payments prior to completion all work and delivery of all goods, please provide detailed text on the face of the PO outlining your requirements.

5.18. **Total Price.** List the sum of the unit price times the quantity.

5.19. **Contract Reference - State of Oregon.** If the PO is purchasing off of a State of Oregon Price Agreement, insert the following language in the body of the PO:

   “THIS PURCHASE IS PLACED AGAINST STATE OF OREGON SOLICITATION # [insert #] AND PRICE AGREEMENT #: [insert #]. THE CONTRACT TERMS AND CONDITIONS AND SPECIAL TERMS AND CONDITIONS (T’s & C’s) CONTAINED IN THE PRICE AGREEMENT ARE HEREBY INCORPORATED BY REFERENCE AND SHALL APPLY TO THIS PURCHASE AND SHALL TAKE PRECEDENCE OVER ALL OTHER CONFLICTING T’s & C’s EXPRESS OR IMPLIED, EXCEPT WITH REGARD TO ANY PROVISIONS RELATING TO EXCLUSIVITY. UO IS NOT BOUND BY SUCH EXCLUSIVITY PROVISIONS.”

**For Banner PO’s,** the required text has been broken up into 50 character lines in order to facilitate a smooth copy/paste functionality, as seen below:

   “THIS PURCHASE IS PLACED AGAINST STATE OF OREGON SOLICITATION # [insert#] AND PRICE AGREEMENT #: [insert #]. THE CONTRACT TERMS AND CONDITIONS AND SPECIAL TERMS AND CONDITIONS (T’s & C’s) CONTAINED IN THE PRICE AGREEMENT ARE HEREBY INCORPORATED BY REFERENCE AND SHALL APPLY
TO THIS PURCHASE AND SHALL TAKE PRECEDENCE OVER ALL OTHER CONFLICTING T’s & C’s EXPRESS OR IMPLIED, EXCEPT WITH REGARD TO ANY PROVISIONS RELATING TO EXCLUSIVITY. UO IS NOT BOUND BY SUCH EXCLUSIVITY PROVISIONS.”

In order to confirm the solicitation # and price agreement #, go to OR Department of Administrative Services Oregon Procurement Information (ORPIN) site http://orpin.oregon.gov/open.dll/welcome and locate the correct agreement. Make sure that the goods and services being ordered are available from the price agreement referenced on the front of the PO. Verify that the Contractor has provided the preferred pricing required under the price agreement.

5.20. **Contract Reference – University or other contract reference.** List the following language in the body of the PO:

“This Purchase Order is subject to the contract terms and conditions in the Agreement between the University of Oregon [if applicable - - (formerly known as the State Board of Higher Education acting by and through the University of Oregon)] and (Contractor), effective date (mm/dd/yy).”

5.21. **Total PO Amount.** List a total dollar amount of the entire PO at the bottom in the Total Price column.

5.22. **Check Boxes.** Mark the appropriate check box.

5.22.1. **First check box:** Check if Contractor agrees to the Purchase Order Standard Terms and Conditions.

Additionally, if the products or services being provided under the agreement cause the UO to incur risk that should be allocated to the Contractor, check the appropriate insurance requirements. The department must assist in assessing the risk potential of each contract. The risk associated with the contract is not solely dependent on the dollar amount of the PO.

Before the purchase order is executed by the University, Contractor must provide the requested Certificate of Insurance or Endorsement to University. Department shall furnish to PCS the requested documents along with the submission of the purchase order. Per the Purchase Order Standard Terms and Conditions, the certificates will be directed to the attention of the individual preparing the PO and sent to the department’s “bill to” address. If department is not using the Purchase Order Standard Terms and Conditions (such as reference to another contract) make sure to include required insurance and submittal requirements on the face of the PO. If department has any questions regarding required insurance or regarding the certificates contact PCS. If an endorsement is needed, PCS will contact the department.
5.21.2 **Second check box:** Contractor agrees to the terms and conditions of the contract referenced above.

5.23. **Prepared By.**

5.22.1 **If using Banner:** Must include your name and extension at the end of the Document Text field in the PO. This internal reference should not be printed on the final, approved PO.

5.22.2 **If not using Banner:** List name of department individual completing PO.

5.24. **Phone Ext.** List phone number of department individual completing PO.

5.25. **Funds Authorized By.**

5.24.1. **If using Banner:** List the name and extension of the department individual who has authorized the fund expenditure in the Document Text field in the PO. This internal reference should not be printed on the final, approved PO. Additionally, the individual must be listed on the department’s UO Department Approval Authorization Form as authorized to approve fund expenditures for the funds/index(es) being used for the purchase.

5.24.2. **If not using Banner:** List name of department individual who has authorized the fund expenditure. This individual must be listed on the department’s UO Department Approval Authorization Form as authorized to approve fund expenditures for the funds/index(es) being used for the purchase.

5.26. **Phone Ext.** List phone number of department individual who is authorized to approve fund expenditure.

5.27. **Other Approvals.** This section is reserved for other approvals necessary for PO processing (example – ORSA, etc.)

5.28. **Phone Ext.** List phone number of individual pertaining to the “Other Approvals” section.

5.29. **Purchase Order Approval.**

5.29.1. **If using Banner:** Unless Level 1 or Level 2 Contracting Authority has been granted, the PO will be routed through the appropriate approval queue for approval by PCS. The approved PO will then be available for printing. After the purchase order is printed, in the “Purchase Order Signature Approval” section, please fill in the following statement: Electronic approval via Banner by (name of PCS individual) on (date). To verify the PCS individual approval, use Banner screen code “FOIAPHT”.

5.29.2. **If not using Banner:** In the “Purchase Order Approval” section at the bottom of the PO, the UO employee with delegated contracting authority to sign agreements for the department on behalf of the UO should sign in this section.
For PO’s not more than $5,000, this person signing the PO for the department must be listed on the department’s UO Department Approval Authorization Form as authorized to exercise Level 1 Contracting Authority. For PO’s over $5,000 to $25,000, this person signing the PO for the department must be listed on the department’s UO Department Approval Authorization Form as authorized to exercise Level 2 Contracting Authority.

5.29.3. If the department is not exercising L1CA for POs up to $5,000 or L2CA for POs up to $25,000, the department must submit the PO to PCS for approval and signature. For all PO’s greater than $25,000, PCS must approve and sign the PO.

5.30. **Phone Ext.** List phone number of individual pertaining to the “Purchase Order Approved By” section.

5.31. **Attachments.** All attachments added must be uniquely labeled and referenced on the PO. Send any attachments for review to purchaseorder@uoregon.edu.

5.32. **Steps for Referencing Contractor Quotes.**

5.32.1. When Contractor quote # must be referenced on the PO for the Contractor’s internal processing enter the following statement:

“Contractor quote #________ is noted for Contractor’s internal reference purposes only and is not incorporated as part of this Contract.”

5.32.2. When you want to incorporate a Contractor’s quote into the PO due to terms and conditions on that quote you want included send the Contractor’s quote with the additional terms and conditions to PCS for review to purchaseorder@uoregon.edu.

5.32.3. When you want to use the Contractor’s listing of products or services rather than entering each line item on the PO, you must remove all other Contractor information on the quote including any terms and conditions and uniquely label the attachment as an exhibit (such as “Exhibit A.”). You must then reference that Exhibit on the face of the PO as follows:

"[Enter general statement of product or services to be purchased] as specified on Exhibit “[_]” attached and by this reference incorporated as part of this Contract.”
PURCHASE ORDER (PO) CHECKLIST

☐ Amount of purchase including shipping, maintenance, warranties, renewals, etc. does not exceed $5,000 if exercising Level 1 Contract Authority (L1SA) or $25,000 if exercising Level 2 Contracting Authority (L2SA).

☐ Purchase is not being inappropriately split in order to avoid competitive limits or signature authority thresholds.

☐ This Purchase does not give rise to issues involving the UO Ethics Policy or conflicts of interest.

☐ A unique identification number to the PO for tracking purposes. (if sending to PCS this may be left blank)

☐ Verified Contractor’s full legal name and entity status with applicable Secretary of State Business Registry (not applicable for POs with individuals).

☐ PO does not reference any quotes or estimates that contain legal terms and conditions in addition to the PO Standard Terms and Conditions.

☐ Each line item on PO is numbered with a description, quantity, and unit price.

☐ The total PO amount is listed at the bottom of the PO.

☐ If required, insurance is noted on the PO and department has received valid certificate of insurance and endorsement from Contractor as requested.

☐ Purchase is either not with a State of Oregon contract, or if purchase is made pursuant to a State of Oregon contract, the mandatory language required in the PO instructions is in the body of the PO including the correct solicitation and price agreement numbers.

☐ If SPS approval is required it was obtained.

☐ For grant funded POs the following was confirmed:

☐ Contractor is not on the Excluded Parties or Debarred Contractors listing.

☐ Grant dates cover Contract services period as verified in Banner.

☐ Grant funds are available as verified in Banner.

☐ Department verified expenditure is allowable, allocable and reasonable.

☐ If grant required special terms, those terms are included in the Contract.

☐ All other required approvals were obtained. See Approvals List: https://pcs.uoregon.edu/content/forms

☐ Neither contractor nor department has made any changes to contract or terms and conditions.

☐ All required attachments are uniquely labeled, referenced and have been provided to vendor as part of PO.

☐ PO references the appropriate terms and conditions by checking the correct box.

☐ PO is signed or approved by employee with current approved Level 1 Contracting Authority or Level 2 Contracting Authority, as appropriate. (if sending to PCS DO NOT sign)

☐ If submitting to PCS for approval please submit in editable format (Word or Excel)

☐ Purchase file for this matter contains all required documentation including, but not limited to the signed PO, this checklist, notes and related communications.

Please contact PCS if you have any questions on the PO process.

By: ___________________ Printed Name: _________________ Date: ___________________
## Purchase Order ("PO")

### Ship to:

### Bill to:

<table>
<thead>
<tr>
<th>Commodity Code</th>
<th>Index</th>
<th>Account Code</th>
<th>Fiscal Year</th>
<th>Bid Number</th>
<th>Purchase Order Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Contractor</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Shipping Instructions

### Delivery Required By:

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Extended Price</th>
</tr>
</thead>
</table>

By providing goods or services under this PO, Contractor agrees to the terms and conditions contained in this PO and the Purchase Order Standard Terms and Conditions found at [http://pcs.uoregon.edu/content/forms](http://pcs.uoregon.edu/content/forms). If checked the following insurance requirements apply:

- [ ] Commercial General Liability Required;
- [ ] Commercial Automobile Liability Required.

By providing goods or services under this PO, Contractor agrees to the terms and conditions of the contract referenced above and by that reference incorporated into this Contract.

Unless otherwise noted on the face of this PO, Contractor shall invoice University only upon completion of this order. Prepay all transportation charges unless otherwise stated. If transportation is billed as a separate item, receipted freight bill must accompany invoice. University of Oregon is not subject to federal excise tax.

<table>
<thead>
<tr>
<th>Prepared By:</th>
<th>Phone Ext.</th>
<th>Other Approvals:</th>
<th>Phone Ext.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Funds Authorized By:</td>
<td>Phone Ext.</td>
<td>Purchase Order Approval:</td>
<td>Phone Ext.</td>
</tr>
</tbody>
</table>
**Laser Marking Products, LLC**  
23715 231st Court SE - Maple Valley, WA 98038  
Phone: 253-219-9508 - Fax: 425-432-0591 - Email: Chris@lasermp.com

**QUOTE**

<table>
<thead>
<tr>
<th>Date</th>
<th>Quote #</th>
</tr>
</thead>
<tbody>
<tr>
<td>07/07/10</td>
<td>LMPQ1425-0</td>
</tr>
</tbody>
</table>

**Sold To:** University of Oregon  
Tom Coates  
Eugene, OR

**Ship To:** University of Oregon  
Tom Coates  
Eugene, OR

<table>
<thead>
<tr>
<th>Terms</th>
<th>Rep</th>
<th>P.O. Number</th>
<th>Ship Via</th>
</tr>
</thead>
<tbody>
<tr>
<td>As Described</td>
<td>Chris Adams</td>
<td></td>
<td></td>
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<table>
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<tr>
<th>Ln #</th>
<th>Qty</th>
<th>Description</th>
<th>List Price</th>
<th>Ext. Price</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>1</td>
<td>Versa Laser 18&quot; x 32&quot; Field Laser System</td>
<td>$15,200.00</td>
<td>$15,200.00</td>
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<td>2</td>
<td>1</td>
<td>60-watt Laser Cartidge RoHS Compliant</td>
<td>$9,600.00</td>
<td>$9,600.00</td>
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<td>3</td>
<td>1</td>
<td>PLS6 18&quot; x 32&quot; Downdraft Cutting Table</td>
<td>$1,340.00</td>
<td>$1,340.00</td>
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<td>4</td>
<td>1</td>
<td>Coaxial Air Assist with Optics Protection</td>
<td>$1,250.00</td>
<td>$1,250.00</td>
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<td>5</td>
<td>1</td>
<td>Onsite System Installation</td>
<td>$0.00</td>
<td>$0.00</td>
</tr>
<tr>
<td>6</td>
<td>1</td>
<td>Freight FOB Scottsdale AZ</td>
<td>$557.50</td>
<td>$557.50</td>
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<td>7</td>
<td>1</td>
<td>Onsite Operator Training</td>
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<td>8</td>
<td>1</td>
<td>Discount</td>
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</table>

<table>
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<tr>
<th></th>
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<th>SubTotal</th>
<th>Sales Tax</th>
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<th>Total</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>$19,947.50</td>
<td>$0.00</td>
<td></td>
<td>$19,947.50</td>
</tr>
</tbody>
</table>

**PLEASE MAKE PURCHASE ORDER AND PAYMENTS TO:**  
LASER MARKING PRODUCTS, LLC 23715 231st Court SE, Maple Valley, WA 98038  
TEL: 253-219-9508  
FAX: 425-432-0591

Quotes Valid for 90 Days  
FOB Scottsdale, AZ  
Delivery: 4-6 Weeks ARO  
Terms: Payment In Advance

07/07/10       23:33:19  
Page 1

Page 3 of 3
**Purchase Order ("PO")**

**Ship to:**

**Bill to:**

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description</th>
<th>Quantity</th>
<th>Unit</th>
<th>Unit Price</th>
<th>Extended Price</th>
</tr>
</thead>
</table>

**Commodity Code** | **Index** | **Account Code** | **Fiscal Year** | **Bid Number** | **Purchase Order Date**

**Contractor**

**Shipping Instructions**

**Delivery Required By:**

**By providing goods or services under this PO, Contractor agrees to the terms and conditions contained in this PO and the Purchase Order Standard Terms and Conditions found at [http://pcs.uoregon.edu/content/forms](http://pcs.uoregon.edu/content/forms). If checked the following insurance requirements apply:**

- [ ] Commercial General Liability Required;
- [ ] Commercial Automobile Liability Required.

**By providing goods or services under this PO, Contractor agrees to the terms and conditions of the contract referenced above and by that reference incorporated into this Contract**

Unless otherwise noted on the face of this PO, Contractor shall invoice University only upon completion of this order. Prepay all transportation charges unless otherwise stated. If transportation is billed as a separate item, receipted freight bill must accompany invoice. University of Oregon is not subject to federal excise tax.

**Prepared By:**

**Funds Authorized By:**

**By providing goods or services under this PO, Contractor agrees to the terms and conditions of the contract referenced above and by that reference incorporated into this Contract**

Unless otherwise noted on the face of this PO, Contractor shall invoice University only upon completion of this order. Prepay all transportation charges unless otherwise stated. If transportation is billed as a separate item, receipted freight bill must accompany invoice. University of Oregon is not subject to federal excise tax.

**Prepared By:**

**Funds Authorized By:**

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**Supplemental Material #9B**
Welcome!

We are pleased that you will be joining us at the [NAME OF DEPARTMENT]. In order to make your transition as easy as possible, I have attached information you will need as a new employee and for your house hunting and move to Oregon.

1. Link to the UO’s new employee site  http://odt.uoregon.edu/neo/
2. List of the moving companies that currently have price agreements with UO.
3. Summary table (attachment) of types of expenses, limitations and what is and is not taxable for moving, house hunting and temporary living.
4. The UO can work with the moving company for direct billing to UO for your move or you can be reimbursed after arrival. Please let me know which option you would like to use as soon as possible. If you would like UO to work with the moving company for direct billing to UO, I will need to work with you to complete required processes.
5. If neither of the above options works for you, please contact me to discuss further.
6. Moving and house hunting expenses: Save all receipts for any expenses you would like reimbursed. Please provide me those original receipts after your move for reimbursement.

Other important items to keep in mind:

- If your moving company costs will exceed $25,000, please contact me prior to proceeding. For moves of that amount, we may need to undertake a competitive process that includes posting on our procurement Website and obtaining detailed quotes from 3 moving companies.
- Be sure to provide backup documentation including mover’s inventory of all items being moved.
- UO strongly recommends that you get “binding” quotes. Binding quotes provide actual costs paid for the mover’s services, unless allowed variances are noted. A non-binding quote is an estimate and the actual cost can vary. Much frustration will be saved with binding quotes.
- If you decide to get a quote from a mover not on the attached list of UO price agreements, be sure to request information on discounts available on a large scale, such as national discounts for educational institutions, both public and private.
- If you are shipping cars, you may want to get quotes from companies that specialize in car shipment. Some faculty have found these rates cheaper than having the moving company ship the car.
- If you have purchased a home before the move, work with the moving company ahead of time to make sure the truck can access the street without having to transfer items to a smaller vehicle. Added steps required to access a street or location are usually performed at an additional charge and it is easier to authorize the charge ahead of time.
- Even if UO works with the moving company for the direct bill option, the contract for moving services is between you and the moving company. You need to sign the contract for the mover selected prior to any work being done by the moving company.

You are encouraged to select the mover you feel most comfortable with moving your items across the country. If you are selecting the option for UO to work with the moving company for direct billing to UO, I will work with you in completing the requirements for that option.

Please let me know if you have any questions or concerns. I hope your house hunt and move go smoothly.

[signature and signature block]
Moving Expense Summary Table - Effective 01/01/2015

Your moving contact person: _______________________________ Phone: ___________________________ Email: _______________________________

◊ Please note transportation limits for House Hunting and Moving. Call your UO moving contact person with questions.
◊ All House Hunting and Moving Expenses need advance approval: Dean for academic depts; Dept. Head plus VP for all others.
◊ See UO price agreements with moving companies at http://pcs.uoregon.edu/content/available-price-agreements
◊ Obtain itemized receipts for all expenses.
◊ Make "cash" payments with a money order or cashier's check.
◊ Reimbursements must be submitted within six months of move.
◊ For additional details on moving and relocation expense reimbursement, see http://ba.uoregon.edu/staff/movingrelocation-expenses

<table>
<thead>
<tr>
<th>Type of Moving Expense</th>
<th>Limits</th>
<th>Additional Information</th>
<th>Tax Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Compensation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Salary while house hunting and moving</td>
<td>Up to ten days off with pay</td>
<td>Only when moving or house hunting is done after hire date</td>
<td>Taxable</td>
</tr>
<tr>
<td><strong>House hunting</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transportation between new and old location</td>
<td>Up to two round trips for one person or one round trip for two persons</td>
<td>Common carrier fares or private vehicle mileage at 57.5 cents per mile (effective 01/01/2015) will be reimbursed</td>
<td>Taxable</td>
</tr>
<tr>
<td>Transportation in vicinity of new location</td>
<td>Up to 200 miles</td>
<td>57.5 cents per mile effective 01/01/2015</td>
<td>Taxable</td>
</tr>
<tr>
<td><strong>Meals and lodging</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals and lodging expense in new location</td>
<td>Up to ten days. (Limit is combined with limit for meals and lodging while moving - see below.)</td>
<td>Lodging: $120/day employee only. $180/day employee plus household members (1.5 times the employee only lodging per diem). Meals &amp; incidentals: $52/day employee only. $104/day employee plus household members.</td>
<td>Taxable</td>
</tr>
<tr>
<td><strong>Temporary Living</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meals and lodging expense in new location</td>
<td>Up to 45 days</td>
<td>Lodging: $120/day employee only. $180/day employee plus household members (1.5 times the employee only lodging per diem). Meals &amp; incidentals: $52/day employee only. $104/day employee plus household members.</td>
<td>Taxable</td>
</tr>
<tr>
<td><strong>Moving</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Moving company or van rental</td>
<td>Up to 20,000 lbs., insurance, extra handling charges, 90 days storage. (See Tax Considerations for additional information.) Packing, crating and unpacking - up to $1,000.00.</td>
<td>Approval required for reimbursement of cost of moving personal effects in excess of 20,000 pounds or for packing, crating and unpacking charges in excess of $1,000.</td>
<td>Non-taxable if over 50 miles; otherwise taxable. Storage first 30 days is non-taxable.</td>
</tr>
<tr>
<td>Transportation of employee and household members</td>
<td>Up to two one-way common carrier fares, or vehicle mileage</td>
<td>Common carrier fares or private vehicle mileage at 57.5 cents per mile (effective 01/01/2015) will be reimbursed</td>
<td>First 23 cents/mile(effective 1/1/2015) are non-taxable for reimbursement on move over 50 miles. Reimbursement for move of less than 50 miles is taxable.</td>
</tr>
<tr>
<td>Meals and lodging</td>
<td>Up to ten days. (Limit is combined with limit for meals and lodging while house hunting - see above.)</td>
<td>Lodging: $120/day employee only. $180/day employee plus household members (1.5 times the employee only lodging per diem). Meals &amp; incidentals: $52/day employee only. $104/day employee plus household members.</td>
<td>Lodging: Non-taxable if over 50 miles. Meals: All meals are taxable.</td>
</tr>
<tr>
<td><strong>Miscellaneous</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Closing costs, utility hookup, etc.</td>
<td>Up to $1,500.00</td>
<td>Must submit receipts</td>
<td>Taxable</td>
</tr>
</tbody>
</table>
# Options for New Employee Relocation

This chart outlines the three procedures available for payment of new employee moving expenses.

For all new employee moves, department should designate a department member to act as a liaison between the new employee and central offices.

<table>
<thead>
<tr>
<th>REIMBURSEMENT TO NEW EMPLOYEE (Most Common)</th>
<th>UO PAYS MOVING COMPANY DIRECTLY FOR NEW EMPLOYEE’S MOVE</th>
<th>TRAVEL ADVANCE TO NEW EMPLOYEE (Least Common)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SUMMARY/OVERVIEW</strong></td>
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</tr>
<tr>
<td>As part of the hiring process, the department provides an allocated amount of money for new employee to relocate for new position at UO. The new employee is entirely responsible for how household goods are moved from origin to destination.</td>
<td>As part of the hiring process, the department provides an allocated amount of money for new employee to relocate for new position at UO. UO enters into a Purchase Order (PO) directly with moving company for a not-to-exceed amount. If PO will exceed $25,000, department and new employee must work with PCS to complete the appropriate competitive process. UO receives the invoice for moving services and pays the moving company, up to the maximum not-to-exceed amount provided on the PO. If there are unauthorized or additional charges in excess of the not-to-exceed amount on the PO, employee is responsible for those charges. Contractual agreement governing all moving services is executed by new employee with moving company, (this agreement is not the PO).</td>
<td>Not a preferred method, but is available if the first two options are not possible. As part of the hiring process, the department provides an allocated amount of money for new employee to relocate for new position at UO. Used when new employee is conducting a “self-move”, purchasing materials or renting moving equipment (example: U-Haul®). UO provides employee with cash advance of part of the moving allowance to cover moving expenses. Recommend that advance amount not exceed 50% of the moving allowance.</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<th>MOVING CONTRACT OPTIONS</th>
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</tr>
</thead>
<tbody>
<tr>
<td>UO Price Agreements with discounts are available for use by new employee: see <a href="#">UO price agreements</a>. Binding quotes for moving services are strongly recommended, but are not required. New employee may wish to obtain quotes from more than one moving company.</td>
<td>UO Price Agreements with discounts are available for use by new employee: see <a href="#">UO price agreements</a>. Binding quotes for moving services are strongly recommended, but are not required. New employee may wish to obtain quotes from more than one moving company. If over $25,000, must complete appropriate competitive process.</td>
<td>UO Price Agreements with discounts are available for use by new employee: see <a href="#">UO price agreements</a>. Binding quotes for moving expenses are strongly recommended, but are not required. New employee may wish to obtain quotes from more than one moving company.</td>
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<td>REIMBURSEMENT TO NEW EMPLOYEE (Most Common)</td>
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<td>-------------------------------------------</td>
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<td><strong>REQUIREMENTS</strong></td>
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</tr>
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</table>
| New employee enters into contract with moving company directly for all moving services.  
  - Advise employee of limits on Moving Expenses (see one page summary attached) or go to Moving/Relocation Expenses  
  - Advise employee of three important documents moving company will ask employee to sign:  
    o Bill of Lading,  
    o Accessorial Sheet, and  
    o Inventory Sheets. | UO enters into a PO with moving company for a not to exceed amount.  
  - If PO will exceed $25,000, department and new employee must complete the appropriate competitive process.  
Except for the PO (which only commits UO to pay for a specified amount of the moving services), new employee enters into contract with moving company directly for all moving services.  
  - Advise employee of limits on Moving Expenses (see one page summary attached) or go to Moving/Relocation Expenses  
  - Advise employee of three important documents moving company will ask employee to sign:  
    o Bill of Lading,  
    o Accessorial Sheet, and  
    o Inventory Sheets. | New employee must complete BAO travel advance forms and enter into Promissory Note for the amount of the advance.  
New employee enters into contract directly with moving company/contractors.  
  - Advise employee of limits on Moving Expenses (see one page summary attached) or go to Moving/Relocation Expenses  
  - If using a moving company, advise employee of three important documents moving company will ask employee to sign:  
    o Bill of Lading,  
    o Accessorial Sheet, and  
    o Inventory Sheets. |
Purchase Orders - Level 1 Contracting Authority:
- If completing a Banner Purchase Order, include in the Document Text, but do not print on the Purchase Order
  - L1CA [Insert on First Line of Document Text]
  - [name of individual exercising Level 1 Contracting Authority]
  - [name of individual approving commitment of funds]
  - [list additional approvals, if required – see Approvals List]
  - [your name and phone extension]
- If completing a paper Purchase Order – please document all of the above information in your files

NOTE: For both Banner and paper Purchase Orders, the individual exercising Level 1 Contracting Authority must sign Purchase Order before submitting to vendor

Purchase Orders - Level 2 Contracting Authority:
- If completing a Banner Purchase Order, include in the Document Text, but do not print on the Purchase Order
  - L2CA [Insert on First Line of Document Text]
  - [name of individual exercising Level 2 Contracting Authority]
  - [name of individual approving commitment of funds]
  - [list additional approvals, if required – see Approvals List]
  - [your name and phone extension]
- If completing a paper Purchase Order – please document all of the above information in your files

NOTE: For both Banner and paper Purchase Orders, the individual exercising Level 2 Contracting Authority must sign Purchase Order before submitting to vendor

Invoices – Level 1 Contracting Authority:
- L1CA [Insert on First Line of Document Text]
- [name of individual exercising L1CA]
- [name of individual approving the payment is due and payable (may be same person exercising L1CA)]
  - Either:
    1. List contract # or purchase order #, if applicable (if you are doing a direct pay invoice associated with a FIS PO, list the FIS PO number); of
    2. If you do not have a written contract or purchase order, generally describe what goods and/or services are being paid for.
- If applicable: list if a partial payment, and, if so, the total paid to date against the contract
- Your name and phone extension

Invoices – Level 2 Contracting Authority:
- L2CA [Insert on First Line of Document Text]
- [name of individual exercising L2CA (this is the individual that signed the contract/PO)]
- [date signed]
- [name of individual approving the payment is due and payable (may be same person exercising L2CA)]
- List contract # or purchase order # (if you are doing a direct pay invoice associated with a FIS PO, list the FIS PO number)
- If applicable: Describe how the payment was calculated
- If applicable: If the invoice exceeds the PO or contract, provide an explanation
- If applicable: List end date of contract or PO
- If applicable, list if a partial payment and, if so, the total paid to date against the contract
- Your name and phone extension

NOTE: If you are not exercising L1CA or L2CA, then please refer to the Business Affairs AP Invoice Text Requirements found at: http://ba.uoregon.edu/staff/invoice-text-requirements-foatext