

Cameron University

2800 West Gore Boulevard
Lawton, Oklahoma 73505

CONTRACT FOR SERVICES

Please complete this form for payments to an individual who is providing professional services as outlined in the [Honorarium Payments Policy](#). The services must be of the type for which the University stipulates the desired objective or service, and the individual is free to determine the process or procedure to achieve the stated objective. The individual must not have served as an employee of Cameron University within 12 months.

TERMS OF AGREEMENT

The Provider of Services and Cameron University mutually agree upon all of the terms listed below and on any attached sheet(s) or addendum. The Provider of Services agrees to perform the desired objective or service at the date, time, and fee stated in the agreement.

Services to be Provided:

Location:

Date/Time of Services:

Agreed Upon Fee:

Payment Terms: The payment will be issued after completion of services. The responsible campus department will submit the approved Contract for Services (C5) to the Business Office after completion of services. The C5 serves as the invoice for payment purposes.

Termination Terms: The agreement/contract can be cancelled by the Provider of Services for just cause with 30 days written request and upon written approval by the University. The University may cancel with just cause upon 30 days written notification to the Provider of Services. Immediate cancellation shall be administered when violations are found to be an impediment to the function of the University and detrimental to its cause, or when conditions preclude the 30-day notice. If this agreement/contract is terminated, the University shall be liable only for payment under the payment provisions of this agreement/contract for services rendered before the effective date of the termination.

PROVIDER OF SERVICES INFORMATION

Name:

Banner ID #:

Address:

Phone #:

I hereby certify that I have not served as an employee of Cameron University within the 12 months. I certify that I have reviewed and agree to the terms outlined in the Contract for Services. I understand that it is my responsibility to report this income to the Internal Revenue Service.

Recipient Signature:

Date:

DEPARTMENT INFORMATION AND APPROVALS

Department Name:

Purchase Order #:

Chair/Director Signature:

Date:

ADDITIONAL APPROVERS

Dean's Signature:

Date:

Vice President's Signature:

Date: