

## TRANSMITTAL FORM PERSONAL SERVICES CONTRACTS

**REVIEW BY**

**APPROVED**

\_\_\_ \* RISK AND INSURANCE MANAGEMENT  
 \_\_\_ PERSONNEL  
 \_\_\_ PURCHASING  
 \_\_\_ \* FINANCIAL SERVICES

INITIALS	DATE
_____	___/___/___
_____	___/___/___
_____	___/___/___
_____	___/___/___

**DEPARTMENT TO COMPLETE**

CONTRACTOR NAME _____	FINANCIAL SERVICES ONLY VENDOR 1099 CODE _____
PAYEE NAME _____	SOC. SEC./TAX ID# _____
ADDRESS _____	
CITY _____	STATE _____
DEPARTMENT _____	DEPARTMENT CONTACT _____
	ZIP _____ PHONE _____

**BASIS OF AWARD** - REQUIRED TO BE COMPLETED WHERE THE AMOUNT TO BE PAID TO THE CONTRACTOR OVER ANY CONSECUTIVE 12 MONTH PERIOD EXCEEDS \$3000 AND COMPETITIVE BIDS TO SELECT THE CONTRACTOR ARE NOT TO BE SOLICITED.

PLEASE CHECK THE ITEM BELOW THAT BEST DESCRIBES YOUR JUSTIFICATION AND RATIONALE FOR SELECTING THIS CONTRACTOR WITHOUT COMPETITIVE BIDS.

- \_\_\_ 1. PREVIOUS EXPERIENCE - Contractor has performed work previously for the University and his/her experience is important to the current project, either for continuity or financial consideration ( duplicate investment).
- \_\_\_ 2. EMERGENCY REQUIREMENT - Only source available to complete services within time limit of project.
- \_\_\_ 3. GEOGRAPHICAL LOCATION - Because of the services desired and the required location, Contractor is better able to complete contract.
- \_\_\_ 4. SPECIAL EXPERTISE - Knowledge and skills of specified Contractor are required.
- \_\_\_ 5. SOLE SOURCE - Only known source for desired services. (List where inquiries were made.)
- \_\_\_ 6. OTHER - \_\_\_\_\_

**PAYMENT INSTRUCTIONS**

\_\_\_ ISSUE CHECK BY DATE: \_\_\_/\_\_\_/\_\_\_ CHECK TO BE: \_\_\_ PICKED UP BY DEPARTMENT \_\_\_ MAILED TO PAYEE  
 \_\_\_ ISSUE CHECK UPON RECEIPT OF DEPARTMENT AUTHORIZATION OR APPROVED INVOICE

ACCOUNT	AMOUNT				
_____	_____	\$	_____		
_____	_____	\$	_____		
_____	_____	\$	_____		
<b>TOTAL</b>		\$	_____		

FINANCIAL SERVICES ONLY			
VOUCHER	DATE	INV NO	1099
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

ACCOUNT DIRECTOR APPROVAL \_\_\_\_\_ DATE \_\_\_\_\_

WHITE: FINANCIAL SERVICES      CANARY: RISK MANAGEMENT      PINK: DEPARTMENT