

Vendor Agreement

Requisition No. _____

Account No. _____

I, _____, agree to perform the following services for
(name and address)

Shepherd University
(Agency)

at

(Location)

Date of Service: From _____ To _____

The rate of pay shall be _____ per _____ not to exceed \$ _____

Authorized Travel Expense:

- Will not be reimbursed.
- Will be reimbursed upon documentation in accordance with the travel regulations of Agency, not to exceed \$ _____.

Please check the appropriate box below:

- I **am not** currently a full time employee of the State of West Virginia.
- I **am** currently a full time employee of the State of West Virginia.

Approved

West Virginia _____
Shepherd University
(Agency)

Vendor

(Authorized Signature of Agency)

(Vendor's Signature)

(Title)

(SS # or FEIN)

(Date)

(Date)

Funding Paragraph

Service performed under this contract is to be continued in the succeeding fiscal year contingent upon funds being appropriated by the Legislature for this service. In the event funds are not appropriated for these services, this contract becomes of no effect and is null and void after June 30.

NOTE: The following certification must be signed if the vendor is a full time employee of the State of West Virginia.

It is hereby certified that the services to be performed under this agreement will not interfere with or detract from the full time duties of the employee.

The amount of annual compensation received by _____ (above named vendor) from the State of West Virginia for full time employment during the current fiscal year will be \$ _____.

The Vendor serves as _____ with the title of _____
(position)

(Agency head's Signature)

Title _____
Agency _____