FROSTBURG STATE UNIVERSITY

PROCUREMENT DEPARTMENT
101 BRADDOCK ROAD
FROSTBURG, MD 21532

Contract Request Form

Date: _____ **Contract for** *(select one)*: ☐ **Performance** ☐ **Lecture, Workshop, Seminar** ☐ **Consulting**

Vendor Information:

Contractor Name: _____ **Social Security/FID#:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____ **Phone:** _____

Email: _____

Is contractor a USM student or State of Maryland Employee? ☐ **Yes** ☐ **No** *If yes, then you cannot use this form. They must be paid on payroll.*

Is contractor a US Citizen? ☐ **Yes** ☐ **No** *If no, then you cannot use this form to pay for services unless they are a resident alien. They must be paid through the special non-resident alien payment process through Payroll.*

Contract/Payment Information:

Description of Services:

Date(s) of Engagement: _____ **Hours of Engagement:** _____

Location/Place of Engagement: _____

Amount of Payment: **Honorarium/Fee** $ _____

Vendor will be invoicing FSU: ☐ **Yes** ☐ **No**

Payment Handling *(Select One)*: ☐ ***Send directly to Vendor*** *(payment will be made after performance of service)* ☐ ***Return to the University to be given to vendor on date of performance*** *(all approved paperwork must be received 30 days in advance of the performance)*

Requestor Information:

Department/Person Requesting: _____ **Phone:** _____

Procurement Office Use Only:

PO #: _____

Procurement Approval: _____ **Date:** _____ **Contract #:** _____