

**Central Business Services Office  
Temporary Employee/Professional Services Contract (PSC) Worksheet**

The CONTRACT WORKSHEET is to be submitted to CBSO Accounting staff one month prior to service.  
**TEMP/CONTRACTOR INFORMATION (Give Home or Legal mailing address and phone for tax reporting in this section)**

Today's Date \_\_\_\_\_

**Contractor is a:**

Full Legal Name or Business Name (used for tax reporting)

Resident U.S. citizen/ Resident alien

Non-Resident U.S. Citizen

Non-Resident Alien or Foreign Entity

visa type \_\_\_\_\_

Does contractor have a U.S.

Tax Payer ID/SS#?      Yes      No

Home (Tax) Address

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Home (Tax) Phone #

\_\_\_\_\_

Contractor's E-mail

\_\_\_\_\_

Partnership

Corporation      LLC

Non-Profit      Public Entity



**SERVICES TO BE PERFORMED BY CONTRACTOR (Give specific details.)**

**CONTRACT SERVICES INCLUSIVE DATES**    Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

**Is Contract over \$5,000 (Including reimbursements to contractor and direct vendor payments)?**

Yes      No (If yes and contractor, **provide Attachment A.**)

**Is Contractor a University Employee?**      Yes      No

**Is Contractor a Oregon University System Employee at another institution?**      Yes      No

**If so, what institution?** \_\_\_\_\_ **What department?** \_\_\_\_\_

**BREAKDOWN OF PAYMENT**

Honorarium	_____	Fixed	Not to exceed: Hourly Rate (If not to exceed) _____ per hour
Transportation	_____	Reimb Guest	Other vendors    Trans Type: _____
Meals	_____	Reimb Guest	Other vendors
Lodging	_____	Reimb Guest	Other vendors
Other	_____	Reimb Guest	Other vendors    Description of other: _____
<b>Total Contract Amount</b>	_____		



**Department Information/Certification:**

By signing the approval below, I certify that funds are available for this agreement and that authorization is being given for using the index/activity code listed below. I further certify that neither I nor anyone authorizing this agreement for the department has any actual or potential conflicts of interest related to this agreement.

**Department:** \_\_\_\_\_  
**Coordinator:** \_\_\_\_\_  
**Index/Activity Code:** \_\_\_\_\_  
**Dept Head/PI Approval** \_\_\_\_\_