



UNIVERSITY OF OREGON
FOUNDATION

Personal Services Agreement

Complete and attach this form behind a completed check disbursement request.

Dates of service inclusive from _____ through _____
Cost of services _____
Description of services _____

Payable to (name) _____ SSN or Employer ID # _____
Home address (street) _____
(city, state, zip) _____

Payee is (check one)
 individual
 sole proprietor
 corporation
 partnership

This request for payment is is not to any officer or employee of the University of Oregon or UO Foundation (payment to an employee requires approval by the UO Office of Resource Management)

This request for payment is is not to or on behalf of a foreign national (foreign nationals must be paid via a state FIS index; use the Transfer Check Disbursement Request to transfer money from a Foundation account to the FIS index)

In performing the above services, I am engaged as an independent contractor, and it is understood and agreed that I will be responsible for any federal and state taxes applicable to this payment. It is further understood that as an independent contractor I will not be eligible for the benefits of Social Security or Worker's Compensation.

Authorized signer

Date