

**Western Oregon University  
PERSONAL/PROFESSIONAL SERVICES CONTRACT  
For Services \$5,000 and Under**

The State of Oregon, acting by and through the State Board of Higher Education, on behalf of Western Oregon University, hereinafter referred to as Institution.	Contract/Invoice Number:
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<p style="text-align: center;"><b><i>This Invoice Cannot Be Used to Pay Institution Employees or Non-resident Aliens</i></b></p> Payee/Contractor Name:  US Social Security No./Tax ID No.:  Address: Street: City/State/Zip:  Phone Number:  <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-resident US Citizen <input type="checkbox"/> Resident Alien	Department Name:  Department Address:  Prepared By:   Preparer's Phone Number:
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Services to be Performed:

Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_ Payment: \$ \_\_\_\_\_ Expenses (if applicable): \$ \_\_\_\_\_

CERTIFICATION: I am not an OUS employee. I am an independent contractor, and I understand the tax and legal implications of this particular payment (including expenses) to be reported on form 1099 at the end of the calendar year. Oregon State Board of Higher Education Standard Procurement Terms and Conditions, as attached on following page, apply. By my signature hereon I so agree.

Signature of Payee \_\_\_\_\_ Date \_\_\_\_\_

**Payment Information**

Vendor ID#	Index Code	Fund	Account Code	Activity Code	Payment Amount

Department Approval / Date	Business Office Approval / Date
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