A Personal Services Contract or Invoice is necessary if your organization will be using student fee funds to pay a contractor for services. The Personal Services Contract Worksheet is not an official contract rather it is a document to collect important details to prepare an agreement.

Items that require special attention and need to be highlighted in the agreement:
- International contractor
- Individual/business not utilizing email (hard copy documents exchanged via US mail)
- Special payment terms

**Process**
1. Complete the Personal Services Contract Worksheet. Please type or legibly write detailed information for all sections of the worksheet.
2. Please submit no later than 5 weeks before the services are to be provided.
3. Submit the worksheet with an approved Purchase Request for each index to
   
   AABC Contracts Office, 350 Student Experience Center
   
   AABC.SECCContacts@oregonstate.edu
4. A Contract will be prepared from the information provided in the worksheet.
5. The contract will then be sent to the Department Contact to review.
6. After approval, the AABC will then distribute the agreement to the involved parties for signatures/approval.
7. A payment will not be made to the contractor without contract completion prior to the event or service.

**Key Terms**

The **Contractor** is the individual/business providing a service to Oregon State University. Services may include: performer/vendor/speaker/individual/business that we would like to contract with to provide the agreed upon service.

The **Facility Manager** is the individual responsible for facility rentals (i.e. Deb Mott at the MU).

**Policies**

- **Per OSU FIS Policy 411-07, Official Guests receiving compensation** - all incurred expenses (including meals, lodging, transportation, etc.) are incorporated in the PSI/PSC payment amount and should be coded as appropriate to the expense; not travel account codes.
- **Per Policy 101-002: Procurement Ethics and Conflict of Interest: Purchasing from or Contracting with OSU Employees, Relatives of OSU Employees or Members of the OSU Employee’s Household**:
  
  OSU may only purchase from or contract with OSU employees, relatives of OSU employees (relative as defined in ORS 244) or members of the OSU employee’s household if the OSU employee is not involved in the selection, award or administration of the purchase/contract and all of the following requirements are met:
  
  - The OSU employee must complete the “Disclosure of Real or Potential Conflict of Interest” form and submit to the Procurement office for review.
  - It has been determined by Procurement that no real conflict of interest exists or if a conflict exists, it has been mitigated.
  - The OSU employee, employee’s relative or member of the employee’s household must be determined to be an Independent Contractor for the services being proposed. In the case of an OSU employee as a vendor, the goods or services sought for purchase or contract must be substantially different from the work the employee performs in their employment with OSU.
A Personal Services Contract or Invoice is necessary if your organization will be using student fee funds to pay a contractor for services. A contract will be drafted from the information entered in the spaces below. This worksheet must be typed or written legibly and turned in for processing no later than 5 weeks before the services are to be provided. The contract will be prepared and distributed to the involved parties for signatures/approval. A payment will not be made to the contractor without contract completion prior to the event or service.

Section 1.  EVENT INFORMATION

Title of Event:  

Accounts/Indexes Used For Payment:  

Name of Sponsoring Organization(s):  

Name & Phone Number of Contact Person:  

The AABC will automatically send all contracts to the vendor after the contract is initially drafted unless the Department Contact opts to review the contract first. By leaving the box unchecked you have opted to have the contract automatically routed to the vendor without review. Would you like to review the contract before it is sent to the department?  

Section 2.  CONTRACTOR INFORMATION

Name of Contractor (person, agent or business):  

Mailing Address (Street/PO Box):  

Billing Address (Street/PO Box):  

Mailing Address (Second Line):  

Billing Address (Second Line):  

Mailing Address (City, State & Zip):  

Billing Address (City, State & Zip):  

Telephone Number:  

Email Address:  

FAX Number:  

Web Address:  

When complete return this worksheet with an approved Purchase Request to: AABC Contracts Office, 350 Student Experience Center or to AABC.SECContracts@oregonstate.edu for processing.
Section 3. DETAILS OF SERVICE TO BE PERFORMED

Amount Paid for Services & Payment Terms: _____________________
Where (Location) the Service is Being Provided: _____________________

Starting Date of Service: __________ Ending Date of Service: __________
Starting Time of Service: __________ Ending Time of Service: __________

Description of Services to be provided (in detail):
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

What will the contractor or organization provide? This may include, sound system, lighting, meals, lodging, travel, or other expenses?
Contractor to provide:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

Organization/OSU to provide:
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

When complete return this worksheet with an approved Purchase Request to:
AABC Contracts Office, 350 Student Experience Center or to AABC.SECContracts@oregonstate.edu for processing.