

Texas A&M-Corpus Christi Contract/Agreement

1. Vendor/Contractor Name: Address:		2. Total Amount of Contract:
3. Social Security No. or VID No.:	4. Account No.: Object Code:	5. P.O. No. Or Requisition No.:
6. Dates to be Employed (mm/dd/yy): Start: End:		
7. Type of Contract Work: (Check all that apply)		
<input type="checkbox"/> Temporary Employment Services (70) <input type="checkbox"/> Independent Contractor (individual/20 factor test) [77] <input type="checkbox"/> Professional Services Contract (Architects, Engineers) [73]		
<input type="checkbox"/> Contracted Service [74] (ex: cleaning services) <input type="checkbox"/> Trainer/Lecturer [76] <input type="checkbox"/> Consultant(s) [73] (Studies & Advisings)		
<input type="checkbox"/> Other _____		
8. Reason for using contract workforce instead of TAMU-CC workforce: (check all that apply)		
<input type="checkbox"/> Temporary peak in work requiring additional staff [71] <input type="checkbox"/> Additional workload caused by job vacancies/absences [70]		
<input type="checkbox"/> Labor intensive special project [79] <input type="checkbox"/> Cost reduction/savings [74]		
<input type="checkbox"/> Highly specialized duties [73] <input type="checkbox"/> Productivity will be increased [75]		
<input type="checkbox"/> Lack of qualified applicants [73] <input type="checkbox"/> Ensure objectivity/avoid conflict of interest [78]		
<input type="checkbox"/> Other conditions _____		
9. Description of Services to be rendered: (Attach separate page if necessary)		
10. Expected Results and Information of Services Performed: (Attach separate page if necessary)		
11. Basis for Lump Sum Determination: (Attach separate page if necessary)		
12. Dispute Resolution Process: The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by Texas A&M University-Corpus Christi and contractor to attempt to resolve all disputes arising under this contract. The designated individual at the University for examining any claim or counterclaim and conducting any negotiations related thereto as required under Chapter 2260.053 Subtitle F, Title 10 of the Government Code shall be the Director of Purchasing.		
13. State employees within Texas Certify they are not on state time while acting under this contract. <input type="checkbox"/> Yes <input type="checkbox"/> No		
Examine prior state employment issues as described in System Regulation 25.99.03 Section 1.5 and legal distinction between an employee and a contract worker. <input type="checkbox"/> Yes <input type="checkbox"/> No (Please attach 20 factor checklist sheet if contract worker is to be paid by social security number.)		

Signatures:

14. Vendor/Contractor

Date

15. University Department Approval

Date

16. Judy Haral, Director of Purchasing

Date

Instructions for Completing the Contract Workforce Form

This form is to be used when the company/person does not have a contract form.

1. **Vendor/Contractor Name and Address:** Name and address of the vendor or contractor.
2. **Amount of Contract:** Total amount of contract award. Please notate if total includes Direct and Indirect.
3. **Social Security Number:** Social security number for the vendor or contract worker. (Note, also attach 20 factor checklist.)
4. **Account No. and Object Code:** Enter the appropriate account number and object code. (Use the new object code handout.)
5. **P.O. No.:** Enter the appropriate purchase order number.
6. **Dates to be Employed:** Date of actual award and length of contract.
7. **Type of Contract Work:** Must identify type of contract work that is being performed. The text numbers are for the Purchasing Department. Use in FAMIS.
8. **Reason for Contract Workforce:** Must be able to justify why contract worker is requested.
9. **Description of Service:** Give statement of services to be rendered. Note: Must be more than one sentence.
10. **Expected Results and Information of Services Performed:** What will be the results obtained after these services are performed.
11. **Basis for Lump Sum Determination:** Document how you came up with this dollar figure. Provide example of formula.
12. **Dispute Resolution:** This statement is mandatory in any contract.
13. **System Policy** in regards to employer vs a contract worker.
14. **Signature** required by person performing the work.
15. **Department Head/Business Coordinator** or person responsible for overseeing the contract.
16. **Purchasing Director** or her designee.

Sample Letter of Agreement

Date

Speaker's Name

Address

City, State, Zip

Dear Speaker:

This letter serves as a formal agreement between Student Organization's Name and Speaker, whereby Speaker will provide professional services of lecture, on date, time and place.

Speaker is being sponsored by the Student Organization's Name and will be compensated for services provided in the amount of \$Amount. Payment will be disbursed upon completion of services.

Please sign both copies of this agreement. Retain one copy for your files and return one copy to the Student Organization (include address).

President's Signature

Speakers Signature

Social Security Number

Date

This should only be used if organization funding is paying for the speaker. If UCSO or other university funds are used, the Texas A&M-Corpus Christi Contract/Agreement must be used.

NOTE: This is only an example. Each event varies, the letter should include items specific to your event. A member of the Student Activities or Recreational Sports staff will be happy to proof-read a letter of agreement.