

**UNIVERSITY OF KENTUCKY
INDEPENDENT CONTRACTOR/CLIENT
SCOPE OF WORK FORM**

Date: _____

Independent Contractor/Client

Name (full legal name) _____

Address _____

E-mail _____

Phone _____ Fax _____

Signature _____

Scope of Work

Date(s) service is to be provided: Start _____ End _____

Maximum dollar amount for scope of work _____

Payment Terms _____

Description of work to be performed _____

Payment Schedule (Provide dates of periodic payments if applicable.) Invoice(s) are to be mailed to the address below.

Division/College/Department

Name _____

Address _____

Address _____

Contact Name _____ E-mail _____

Phone _____ Fax _____

Signature _____