

Short Term Limited Scope Service (STLS) Agreement and Express Invoice

Use only for services up to \$5,000.00 provided by an individual/sole proprietor.
If services costs more than \$5,000.00, please have the department enter a requisition.

For use for the following services only, check appropriate box:

- Accompanists
 Art Model
 Guest Artist/Lecturer
 Honorarium
 Participant (FOR GRANT USE ONLY)
 Note taker
 Referee
 Sign Language Interpreter

Other: _____

Payee Information:

Vendor Data Record Form: On File Attached

Name: _____

***NO PAYMENT WILL BE ISSUED WITHOUT A COMPLETED VDR.**

Address: _____

Tax Payor ID # or Last 4 digits of SSN # : _____

City, State, Zip: _____

Check Delivery Instructions:

- Mail to Payee
 Pick up at Cashier's Office

Department Name: _____

Did not drive to University

Department Contact: _____

Used Public Transportation Lives on Campus

Contact Phone #: _____

Does not provide this service as primary function for coming to Campus

****A PROOF OF VALID/CURRENT AUTO INSURANCE IS REQUIRED TO PROTECT THE UNIVERSITY FROM ANY LIABILITY.**

Account	Fund	Dept. ID	Program	Class	Project/Grant***	Total Due:

*** Please attach multiple cost lines on a separate sheet.

Date of Service: _____ Total Hours of Service: _____

Date: