Personal Service Contract (\$10,000 or less)



Personal Service Contract Number:			_ (To be assigne	ed by Purchasing)
This Personal Services Contract for professional services b				
is made and entered into this	day of		, 20	by and between
Name of Individual or Firm (The Second Party)	\$	Social Security or Federal I	D Number	
Street Address City		State	Zip Code	
Services: <u>University of Kentucky</u> has determined that perso personnel would not be feasible. Therefore, the Second Party				ees or use of
Payment: As fee for the services described, <u>University of Kostan</u> upon receipt of an invoice and a convww.uky.edu/Purchasing/pscinvoiceform.pdf. No other fees Payment will be made as described below:	npleted and sign	ed Personal Service	Contract Invoice	Form located at
Other Expenses: The Second Party shall be reimbursed for pelow:	no other expense	es of any kind, exce	pt as specifically	described
Contract Dates: Beginning: Eupon 30 days written notice.	inding:	C	ancellation by ei	ther party
The Second Party is an independent contractor for <u>University</u> Security Contributions pursuant to Section 418.42 U.S. Cocalendar year if total payments exceed \$600.00.	y of Kentucky the de. Furthermore	erefore, <u>University c</u> IRS Form 1099 w	of Kentucky is no ill be forwarded	at the end of the
This Standard Contract for Personal Services is subject to that agreed to in writing. The University's General Terms and Co				
FIRST PARTY:	SI	ECOND PART	Y:	
Department Signature Date		Type Na	me of Firm/Inc	lividual
Dean, Vice President or Provost (if necessary)		Signat	ure	Date
OFFICIAL PURCHASING APPROVAL:				
Purchasing Director/Asst. Director Date				

Revised February 2024

An Equal Opportunity University

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PERSONAL SERVICE CONTRACT INVOICE FORM GOVERNMENT CONTRACT REVIEW COMMITTEE LEGISLATIVE RESEARCH COMMISSION

Pursuant to KRS 45A.695, <u>no payment shall be made on any personal service contract</u> unless the individual, firm, partnership, or corporation awarded the personal service contract submits its invoice for payment on a form established by the committee.

Invoices shall be submitted every ninety (90) days, unless the personal service contract specifies a different submission time period.

Separate invoices shall be submitted for each distinct matter covered by the personal service contract, and shall be signed by the individual responsible for that matter

The issuance of an invoice to the Commonwealth constitutes an affirmation by the individual, firm, partnership, or corporation awarded the personal service contract that the invoice truly and accurately represents work actually performed, and the expenses actually incurred.

The head of the contracting body shall approve the invoice, indicating that the charges in the invoice reflect the value of the work performed, and all recorded costs and disbursements were reasonably and necessarily incurred in connection with the matter invoiced.

NOTE: All questions must be answered fully. If the space provided is insufficient, additional pages should be attached referencing the specifically numbered item. Any questions regarding the invoice requirements should be directed to the contracting agency.

Contract Number:	Date of Invoice:		
Contracting Body	Division, Branch, etc.		
1. Name and Address of Contractor:			
2. Contractor's Tax I.D. Number:			
3. Effective Period of Contract: Starting Date:	4. Combined Total Amount Charged in this Invoice for Services and Reimbursable Disbursements:		
Ending Date:	Dispursements:		
5. Dates of Service Covered under this invoice:	6. Is this the FINAL invoice for services performed		
Starting Date:	under this contract:		
Ending Date:	YesNo		

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7. Date of most recent invoice submitted prior to this invoice:			
8. How often is the contractor required to submit inv			
9. Provide a description of the matter covered by this invoice:			
10. Provide a full description of each service provided, including the date each service was performed, the name and title of each individual who worked on the matter, and the time the individual spent on the matter:			
11. Provide the hourly rate for each individual working on the matter and the total charge for that individual for each matter involved:			
12. Provide the subject matter and recipient of any correspondence:			
13. Provide a full description of any work product produced, designating the way in which the work product is associated with the matter being invoiced. (Attorneys Billing for Legal Services: If you contend that any information is subject to privilege, please identify the privileged item, and provide sufficient information to evaluate the claim of privilege):			
14. Provide an itemized list of all disbursements to be reimbursed by the state for each matter invoiced and the total charge for that matter:			
SIGNATURES			
Contractor:	Date:		
Title:	-		
CONTRACTING BODY			
Approved by:	Date:		
Title:			

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