

# Personal Services Contract Worksheet Overview

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.SECContracts@oregonstate.edu](mailto:AABC.SECContracts@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.

# Personal Services Contract **Worksheet**

PLEASE NOTE: This worksheet is **not** an official contract

Page 2 of 3

## **SECTION 1. CONTRACTOR INFORMATION** *(Individual/Business to Perform Services at Event)*

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NAME (Individual, Agent, or Business): \_\_\_\_\_

**Yes**  **No** If contracting with an individual, are they a current OSU Student?

**Yes**  **No** If contracting with an individual, are they a current OSU Employee?

MAILING ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

## **SECTION 2. SPONSORING DEPARTMENT INFORMATION**

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Name of Sponsoring Department(s): \_\_\_\_\_

Department Contact: \_\_\_\_\_

Name of Sponsorship Organization: \_\_\_\_\_

Index(es) to be used For Payment: \_\_\_\_\_

## **SECTION 2. EVENT INFORMATION**

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Title of Event: \_\_\_\_\_

Location of Event: \_\_\_\_\_ Room: \_\_\_\_\_

- Yes  No Has the Facility Manager been contacted about the Event?  
 Yes  No Has Risk Management been contacted about the Event? If yes, provide documentation.  
 Yes  No Will photographs be taken of OSU students at the Event?  
 Yes  No Has OSU Marketing been contacted about the Event? If yes, provide documentation.  
 Yes  No Is merchandise being sold by the Contractor at the Event?  
 Yes  No Are tickets being sold for the Event?  
 Yes  No Are children under the age of 18 involved in the Event?  
 Yes  No Is this activity only one component of a larger Event? If yes, provide total event details.

*If Yes to any of the above questions, please provide details in the Overview of Services section.*

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

