

**Western Connecticut State University  
Personal Services Agreement & Honorarium Request Form**

\$3,000 or less

1. Complete this form and forward to the Purchasing Office 10 business days prior to the start of the service period
2. The University and the Service Provider as listed below hereby enter into an agreement subject to the term: and conditions stated herein and/or attached hereto and subject to the provisions of section 4-98 of the Connecticut General Statutes as applicable.
3. Acceptance of this agreement implies conformance with terms and conditions set forth on Pages 2 and 3 of this file, as attached hereto and incorporated by reference.
4. If a service provider will be paid more than \$3,000 in any rolling 12-month period, a Personal Service Agreement form LU-802A must be prepared and approved in advance of the start date of this service

Original	_____
Amendment	_____
Amendment #	_____

**Under no circumstances are any services to be performed under this agreement unless the User Department has received approval.**

<b>Service Provider</b>	<u>SERVICE PROVIDER</u>		
	1. SERVICE PROVIDER NAME:	_____	
	2. SERVICE PROVIDER ADDRESS:	_____	
	SERVICE PROVIDER PHONE:	_____	SERVICE PROVIDER EMAIL: _____
	3. ARE YOU CURRENTLY OR EVER HAVE BEEN AN EMPLOYEE OF THE STATE OF CONNECTICUT? If you answered Yes to Number 3 above, a dual employment form may be required and made part of this agreement	YES _____	NO _____

<b>University</b>	<u>UNIVERSITY</u>		
	6. UNIVERSITY INFORMATION: WESTERN CONNECTICUT STATE UNIVERSITY, 181 WHITE STREET, DANBURY, CT 06810 AGENCY #7803		
	7. PROJECT DIRECTOR'S NAME:	_____	TELEPHONE NUMBER: _____
	NOTE: If numbers 3 and/or 4 above were answered "Yes" and the contract value of this Agreement is equal to or greater than \$100 and the fee is to be paid as an independent contractor, this contract must have been awarded through an open and public bidding process.		
	8. BANNER INDEX:	AMOUNT:	AUTHORIZED FUNDING SIGNATURE:

<b>Terms and Conditions</b>	<u>TERMS AND CONDITIONS</u>		
	10. SERVICE PERIOD:	FROM _____	TO _____
	CONTRACT BID AWARD # IF APPLICABLE:	_____	
	11. NUMBER OF DAYS:	THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT FOR THE ENTIRE TERM OF SERVICE PERIOD STATED ABOVE UNLESS CANCELLED BY THE UNIVERISTY, BY GIVING THE SERVICE PROVIDER WRITTEN NOTICE OF SUCH INTENTION. (REQUIRED DAYS NOTICE SPECIFIED AT LEFT.)	

<b>Acceptances/Approvals</b>	<u>ACCEPTANCES/APPROVALS</u>		
	<u>STATUTORY AUTHORITY CCGS 10a-151b</u>		
	SERVICE PROVIDER (OWNER OR AUTHORIZED SIGNATURE):	TITLE: _____	DATE: _____
	APPROPRIATE DEAN - WESTERN CONNECTICUT STATE UNIVERSITY (AUTHORIZED SIGNATURE):	TITLE: _____	DATE: _____