(Do not use this form if aggregate total of contract will exceed \$2,000)

CONTRACT

For Services Up to \$2,000

Between The University of Louisiana at Monroe and

Contractor Legal Name:			EIN / SSN:	EIN / SSN:	
Contractor Street Address:		Email:			
Contractor City:	State:	Zip:Pho	one:	Fax:	
Statement of Work:					
Maximum Contract Amount for Servi	ces (contract void if fee	exceeds \$2,000)	: \$	-	
Contract Start Date:	End Date:				
Payable as follows:					
After Completion	payments of \$	H	lourly rate: \$		
Other:					
Contractor is responsible for the pay	ment of all travel and ot	her expenses re	lated to the service	e(s) being provided.	
Monitoring Plan: By signing below, U	JLM Department Head	agrees to monit	or services and pe	erformance.	
ULM Department Head or Approvir	·		·		
Department Name:					
Bopartmont Name.		maox		<u></u>	
By signing below, Contractor hereby this Contract shall be contractor's of					
in accordance with the laws of the	State of Louisiana, incl	uding but not I	imited to LA R.S.	39:1672.2 - 1672.4; LA. R.S.	
39:1551-1736; rules and regulations this Contract.	; executive orders; stan	dard terms and	conditions, specia	al terms and conditions; and	
o Be Read and Signed by Contractor if in Mutual greement:			To Be Read and Signed by ULM Purchasing Director if in Mutual Agreement:		
Signature:		Signature	Signature:		
Name:		Name:			
Title		Title			