

**EASTERN KENTUCKY UNIVERISTY
MEMORANDUM OF AGREEMENT**

AGENCY
[Eastern Kentucky University](#)

Eastern Kentucky University Department/Division

Organizational Code/ Account Code

VENDOR NAME

VENDOR ADDRESS

CITY, STATE, ZIP **VENDOR FIN/SSN**

AGREEMENT PERIOD

TOTAL COST

PAYMENT SCHEDULE

**REASON FOR EXCHANGE OF
RESOURCES OR RESPONSIBILITY**

SOURCE OF FUNDS

**AGENCY CONTACT PERSON AND
TELEPHONE NUMBER**
[Andrea Cashell](#) [\(859\) 622-2246](#)

AMENDMENTS