

EASTERN KENTUCKY UNIVERSITY

PERSONAL SERVICE CONTRACT

University Procurement, Richmond, KY 40475

PSC Number	_____
Start Date	_____
End Date	_____

This Personal Service Contract for _____ is made and entered into this _____ day of _____, 20____, by and between Eastern Kentucky University (EKU) and:

Name of Individual and/or Firm (The Second Party)		Social Security or Federal I.D. Number	
Street Address	City	State	Zip Code

Service: EKU has determined that either University personnel are not available to perform the described services or use of EKU personnel would not be feasible. EKU has determined that the second party is qualified to perform the services described "in detail" below:

Payment: As fee for the services described, EKU agrees to pay the Second Party a sum not to exceed \$ _____ upon receipt of signed invoice(s). No other fees or expenses are authorized unless specifically identified in this contract. Payment will be made as described "in detail" below:

A. Service: _____

B. Travel: _____ C. Other Expense: _____
 (Travel will be reimbursed **only** with prior approval and in accordance with EKU travel regulations.)

Cancellation - By either party upon 30 days written notice.

Choice of Law - The Second Party agrees that the applicable law of relating to this contract are the laws of the Commonwealth of Kentucky and further agrees that if legal action arises, the venue will be Franklin Circuit Court.

During the performance of this contract, the Second Party will not discriminate against any employee or applicant for employment because of race, religion, color, national origin, sex, age, or handicap. Second party shall carry and maintain in full force and effect at the time of services hereunder general liability insurance with limits of coverage of not less than five hundred thousand dollars (\$500,000) for the benefit of both parties as protection against all liability claims arising from the services performed by Second Party, shall deliver a certificate of insurance reflecting such coverage no later than ten (10) days prior to the date of services.

The Second Party is an independent contractor for EKU, therefore, EKU is not liable for Social Security Contribution pursuant to Section 418, 42 U.S. Code. Furthermore, IRS Form 1099 will be forwarded at the end of the calendar year if total payment(s) exceed \$600.00.

Eastern Kentucky University
Submitted by:

Second Party

Signature/Title Date

Signature Date

Approved: _____
Director, University Procurement Date

Title

Note: Second Party may not begin work until contract has been stamped "received" by the Legislative Research Commission. Second Party may not be paid until the contract is "approved" by Legislative Research Commission. Foreign Vendor Second Party may not begin work until they have been registered with the Kentucky Secretary of State (please see page two).

**PERSONAL SERVICE CONTRACT Between
EASTERN KENTUCKY UNIVERSITY**

and _____
 Name of Individual and/or Firm (The Second Party)

The undersigned hereby certifies that neither he/she nor any member of his/her immediate family having an interest of 10% or more in any business entity involved in the performance of this contract, has contributed more than the amount specified in KRS 121.056(2), to the campaign of the gubernatorial candidate elected at the election last preceding the date of this contract. The undersigned further swears under the penalty of perjury, that neither he/she or the Company which he/she represents, has knowingly violated any provisions of the campaign finance laws of the Commonwealth, and that the award of a contract to him/her or the Company which he/she represents will not violate any provisions of the campaign finance laws of the Commonwealth.

The undersigned hereby certifies that they are legally entitled to enter into this contract, and that it has not and will not violate any conflict of interest statutes (KRS 45A.330-45A.340).

Any foreign corporation (outside the State of Kentucky) must obtain a certificate of authority from the Secretary of State as is required by KRS 271B.15-010. <https://secure.kentucky.gov/sos/ftbr/Welcome.aspx>

- Certificate #: _____
- Claimed exemption: _____

Any "person" (business or individual) making retail sales in the state are to be registered to collect Kentucky sales and use tax. If the foreign individual (or business) is making retail sales they should be registered for Kentucky sales and use tax purposes by completing a Tax Registration Application (form 10A100), available at the link below. If they are under contract to perform services that do not include the sale of tangible personal property or digital property, or do not perform services subject to tax per KRS 139.200 (such as admissions, provision of telecommunication services, sewer services, and so on), then they are not required to register.

- Consumer Use Tax Account number: _____
- Sales Tax Account Number: _____

IMPORTANT CHANGES TO THE LAW GOVERNING INVOICING OF PERSONAL SERVICE CONTRACTS
 * **HB 387**, which passed during the 2010 Regular Session and became law upon the approval of the Governor on April 5, 2010, requires that **"no payment shall be made on any personal service contract unless the individual, firm, partnership, or corporation awarded the personal service contract submits its invoice for payment on a form established by the committee. This form can be found at <http://www.purchasing.eku.edu/>.** The vendor's invoice should be attached to this as well.

Contractor (Second Party)

Signature	Date
Title	
Name of Company or Corporation	

TAXPAYER IDENTIFICATION NUMBER REQUEST

Eastern Kentucky University requires a Federal Tax Identification number or Social Security number for all vendors or persons doing business with the University in order to comply with Federal Regulations and tax reporting requirements. Please take a few minutes to fill out this information and return to us to ensure prompt payment of your invoices. Thank you for the valuable service you have provided Eastern Kentucky University, and we look forward to a long and lasting relationship. IF SENDING A W-9, PLEASE RETURN THIS FORM ALSO.

For your convenience, you may return the information one of the following ways:

FAX: Vendor File @ 859-622-2047

Mail:

**Purchasing Division
Eastern Kentucky University
Commonwealth 14th Floor #1411
521 Lancaster Avenue
Richmond, Kentucky 40475
Phone # (859)622-2246**

EMAIL: adm.purchasing@eku.edu

Please type or print legibly

VENDOR INFORMATION

Name of Firm * (Company or Individual)	Phone Number *	Make Checks Payable To *
Address *	Fax Number *	Payment Address *
Address	Web Site Address or E-mail	Payment Address
Address	Vendor Representative	Name on Invoice *
City * State * Zip*	Federal Tax ID Number **	Social Security Number **
Willing to accept ACH payments * Yes <input type="checkbox"/> No <input type="checkbox"/> Bank Name & Routing # _____ Bank Account # _____	Willing to accept credit card payments* Yes <input type="checkbox"/> No <input type="checkbox"/>	Payment Terms *

* required fields

**Federal Tax ID Number- This field *must* be completed if "Name of Firm" is a company name.

Social Security Number- This field *must* be completed if "Name of Firm" is an individual's name.

***REGISTRATION**

Any foreign corporation (outside the State of Kentucky) must obtain a certificate of authority from the Secretary of State as is required by KRS 271B.15-010 KRS 14A.9-010-14A.9-090 <https://secure.kentucky.gov/sos/fibr/Welcome.aspx>

- Certificate #: _____
- Claimed exemption: _____

Any "person" (business or individual) making retail sales in the state are to be registered to collect Kentucky sales and use tax. If the foreign individual (or business) is making retail sales they should be registered for Kentucky sales and use tax purposes by completing a Tax Registration Application (form 10A100).

- Consumer Use Tax Account number: _____
- Sales Tax Account Number: _____

CERTIFICATION

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me) **and**
2. I am not subject to backup withholding because:(a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, **and**
3. I am a U. S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholdings because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct Taxpayer Identification Number.

Signature of U.S. Person _____ **Date** _____

Type of Ownership (Check Appropriate Box(es)) * <input type="checkbox"/> (01) Individual/Sole Proprietorship <input type="checkbox"/> (05) Non-Resident Alien <input type="checkbox"/> (02) Partnership <input type="checkbox"/> (06) Exempt from backup withholding <input type="checkbox"/> (03) Corporation-Incorporated in (State) _____ <input type="checkbox"/> (04) Non-profit/Education <input type="checkbox"/> Other: _____		Business Classification (Check Appropriate Box(es)) * <input type="checkbox"/> (SM) Small Business <input type="checkbox"/> (SD) Small Disadvantaged Business <input type="checkbox"/> (LG) Large Business <input type="checkbox"/> (GA) Government Agency <input type="checkbox"/> (CT) In County <input type="checkbox"/> (NP) Non-Profit <input type="checkbox"/> (MN) Minority Owned <input type="checkbox"/> (AL) Alumni Owned <input type="checkbox"/> (WO) Women Owned <input type="checkbox"/> (HZ) Hub Zone Small Business <input type="checkbox"/> Other (Specify) _____	
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*Business Classification Reference Links: www.ccr.gov/sizestandard.asp, <https://eweb1.sba.gov/hubzone/internet/general/whoware.cfm>, and <http://app1.sba.gov/faqs/faqindex.cfm?areaID=11>

Printed Name of Authorizing Official: _____

Authorized Signature: _____ Date: _____