

**Auburn University at Montgomery
Professional Services Agreement**

_____ AUM Department Contact

PPS Use Only - PSA Number

_____ Phone

AUM, _____ / _____ and,
Department Name Address

_____, the Contractor, hereby agree that:

1. The Contractor, acting in support of (project/contract/grant): _____ at Auburn University at Montgomery will provide the following professional services (be specific):

2. The rendering of services will provide: (opinion, report, recommendation, etc):

3. The Contractor will provide the above services on the following dates or time period:

4. The Contractor will provide the above services at the following location(s): _____

5. The Contractor will be compensated by Auburn Montgomery for the above services at the following rate:

6. The University FOAP Number(s) that will fund the activity: _____

7. The Contractor will receive compensation for services provided according to the following schedule:

8. The Contractor will will not be reimbursed for travel expenses. If travel expenses are to be paid to the contractor, a signed statement of expenses including an itemization of the actual transportation, lodging, meals and miscellaneous expenses with appropriate receipts is to be submitted by the Contractor.

9. The Contractor's country of citizenship (or incorporation) is: USA
If the country of citizenship is anything other than the US, attach form **PEB-14** (Alien Tax Information form).
Payments to non-US citizens must be approved by Tax Specialist.

10. Will a retiree(s) from an Alabama Teachers/Employees Retirement System (TRS/ERS) affiliated entity be assigned to this project? If so, disclose the name(s) of this individual(s): NO

Statement of Disclosure of Public Relationships

In accordance with Alabama State law Act 2001-955, Section 4(a)(1)(2), and (3) Auburn University policy requires the disclosure of certain information regarding vendors and their relationships with the University.

By submitting your bid, contract, proposal, or grant, you affirm under oath that no such relationships exist. If such relationships do exist and the contract value will exceed \$5000, you will be required to submit a more detailed form in association with this Bid/Proposal/Contract/Grant available on www.auburn.edu/pps. In the case of competitive bids, this disclosure is only required from the person receiving the contract. The contract will not be awarded to any person refusing to disclose the required information if relationships do exist.

Equal Opportunity/Non-Discrimination

Both parties of this contract will comply with all applicable federal and state regulations, rules, and laws, including Executive Order 11246, 504 ADA, and 38 USC 4212 relative to equal opportunity and non-discrimination, unless this agreement is exempted under the rules, regulations, or orders of the Secretary of Labor.

This contractor and subcontractor shall abide by the requirements of 41 CFR §§ 60-300.5(a) and 60-741.5(a). These regulations prohibit discrimination against qualified individuals on the basis of protected veteran status or disability, and require affirmative action by covered prime contractors and subcontractors to employ and advance in employment qualified protected veterans and individuals with disabilities.

Vendor Registration

All nonemployee persons and/or vendors providing professional services to AU/ACES/AUM as independent contractors **MUST** register via the Supplier Portal: <https://solutions.sciquest.com/apps/Router/SupplierLogin?CustOrg=Auburn>

This contract has been reviewed and approved as conforming to Auburn University guidelines as outlined in the Financial Policies and Procedures Manual by the undersigned Auburn University personnel:

_____	_____	_____
Department Head	Dean or Director	Financial Services (over \$100,000 - CFO)
_____	_____	_____
Date	Date	Date
_____	_____	_____
Controllers Office (Non-US citizens only)	Research (Contracts & Grants Accounts Only)	Human Resources
_____	_____	_____
Date	Date	Date

This contract has been reviewed and accepted by the undersigned contractor

SIGNATURE: _____

NAME: _____

AU Vendor/Person # _____
or
Business TIN# _____

ADDRESS: _____

AUM Department:

After completion and dept.approvals, send completed form to Financial Services, 921 Library Tower.