

PURCHASING AGREEMENT INFORMATION

Supplier's name, authorized Supplier Signatory's full name, address, phone number and email address:

PI Name, department and contact information:

Scope of Work: a FULL DESCRIPTION of the SERVICES, including any tasks/deliverables/reports/dates/milestones:

Describe how (and by whom) the vendor was selected (include any extenuating circumstances):

Duration of the services (What are the BEGINNING and END DATES?) Please confirm if services have already started, not yet started, or have been completed:

Location of services (address):

Payment amount by the hour, day, month, or job and Total Not to Exceed amount:

Sources of any federal funding, include Grant/Cooperative Agreement Number:

Will the services involve access to restricted/sensitive data?

YES

NO

• PHI (protected health information)

• PII (personally identifiable information)

• Student records

• University networks/data systems

Also consider the following:

YES

NO

• Is this individual currently employed by UC?

• Was this individual a University employee at any time during the past 12 months?

• Was the selection of this individual made or influenced by a near-relative who is a UC employee?

• Will the services be conducted on campus?

• Will the vendor be in California while performing the services?