

Collaborative to Advance Health Studies
Contract Request Form

Date:

Requestor:

Associated Grant:

Contract Type Requested:

Appearance Agreement (one time event/training)

Consulting Agreement (More than one deliverable over a period of time)

Appearance Agreement Requested Information	Consulting Agreement Requested Information
<p>Who are we contracting with and speaker name if different? (Individual or organization)</p> <p>Speaker Information: Email: Phone: Address:</p> <p>Date of event: Time of event: Topic or Title: Location:</p> <p>Did you discuss compensation with consultant? Yes No If yes,</p>	<p>Who are we contract with? (Individual or organization)</p> <p>Speaker Information: Email: Phone: Address:</p> <p>Scope of Work: (attach if you need more space)</p> <p>Requested deliverables: (If applicable) i.e. reports, presentation, etc.</p> <p>Timeframe: (When should scope of work be completed? (i.e. 12/1/19 – 2/28/20)</p> <p>Did you discuss compensation with consultant? Yes No If yes,</p>

DO NOT COMPLETE Supplier #:

Contract sent: _____ Submitted for signature: _____ Fully executed _____ Processed for Payment _____ Mocode: _____