Your reference number can be obtained from the form website and entered in the number in the Reference Number box.

First and Last Name, current address and additional contact information, including the email address to which the Service Agreement will be sent.

Your Department’s Name, current address and department’s contact (this is the Contract Administrator’s name).
Complete the Description of Services document, following the Description of Services Guide directly above it. This Description of Services will be part of the Service Agreement.

Obtain approval from Human Resources that the services are deemed non-employment and include approval with your request.

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Authorized Signature on FOAP

(Please print)
This is the total value of services (excluding any additional expense noted in #6). Please indicate type of currency (i.e. CAD or USD)

Note the maximum value of any reimbursable expenses payable to the supplier (individual)

Indicate any other type of allowable reimbursable expenses (other than listed in 3a, b or c on the Service Agreement)

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(Please print)
SERVICE AGREEMENT DETAILS

Agreement Start Date: __________________________  Agreement End Date: __________________________

☐ Description of Services is complete and attached  ☐ Approval from Human Resources is complete and attached

Services Amount $ ________

Type of Expenses: __________________________

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Authorized Signature on FOAP

__________________________________________  ________________________________

(Please print) __________________________  (Signature)

Authorized Signature of FOAPAL(s)
If this is an amendment, check this box and answer the questions that follow in this section.

For amendments, indicate the original P# of the Service Agreement.

**IS THIS AN AMENDMENT?**  □ Yes  □ No

**COMPLETE THE FOLLOWING QUESTIONS IF YOU ARE AMENDING AN EXISTING SERVICE AGREEMENT ONLY:**

☐ Change of end date of the Service Agreement. Provide reason for change below and attach an updated Description of Services.

☐ Change the services on the Service Agreement. Provide reason for change below and attach an updated Description of Services.

☐ Adjust the dollar amount or change the payment schedule on the Service Agreement. Provide the increase or decrease of the service amount, the new total value and any changes to the payment schedule.

☐ Update allowable expenses. Provide list of additional expenses and total dollar amount that is allowable.

**Existing Order Number:** ________________