



UNIVERSITY
OF MANITOBA

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

RESET FORM

REFERENCE NUMBER

Request for a Service Agreement

This form is to be used when a service from an Individual is required. Individuals are Suppliers who are providing a service to the University of Manitoba but do not have a registered business or GST number. All Service Agreements require a valid order number issued from Purchasing Services. The reference number above is for internal use only.

Request Date: _____

SUPPLIER INFORMATION

Name _____

Address _____

City, Province, Postal Code _____

Supplier Contact _____

Phone Number _____

Fax Number _____

Email _____

DEPARTMENT INFORMATION

Department Name _____

Address _____

City, Province, Postal Code _____

Department Contact _____

Phone Number _____

Fax Number _____

Email _____

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)

Start date of the contract

End date of the contract

SERVICE AGREEMENT DETAILS

Agreement Start Date: _____

Agreement End Date: _____

Description of Services is complete and attached

Approval from Human Resources is complete and attached

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

FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT	Services	Expenses	Both
						\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Authorized Signature on FOAP

(Please print)

(Signature)

SERVICE AGREEMENT DETAILS

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

Services Amount \$ _____
Currency

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

Additional Expenses Amount \$ _____
Currency

Type of Expenses: _____

FUND	ORGANIZATION	ACCOUNT	PROGRAM	PROJECT	EXPENSE CODE	DESCRIPTION	AMOUNT	DATE	REMARKS

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

- Services
- Expenses
- Both

Authorized Signature on FOAP

(Please print)

(Signature)

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 \$ _____

Provide FOAPAL information and amount for each FOAPAL.
Check the appropriate box for services, expenses or both

Currency _____

Type of Expenses: _____

FUND	ORGANIZATION	ACCOUNT	PROGRAM	ACTIVITY	LOCATION	AMOUNT	Services	Expenses	Both
						\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
						\$	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Existing Order Number: _____

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

Change of end date of the Service Agreement for extension. _____

Change the services on the Service Agreement. 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.

If this is not an amendment, check this box and skip this section