

**UNIVERSITY OF KENTUCKY
INDEPENDENT CONTRACTOR/CLIENT
SCOPE OF WORK FORM**

Date: _____

Independent Contractor/Client

Name (full legal name) _____

Address _____

E-mail _____

Phone _____ Fax _____

Signature _____

Scope of Work

Date(s) service is to be provided: Start _____ End _____

Maximum dollar amount for scope of work _____

Payment Terms _____ Reimbursement for Travel expenses _____

Description of work to be performed _____

Payment Schedule (Provide dates of periodic payments if applicable.) Invoice(s) are to be mailed to the address below.

Division/College/Department

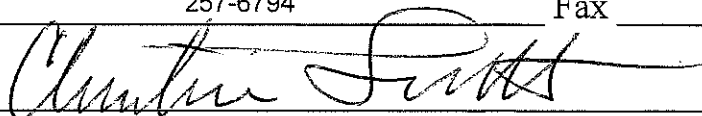
Name _____ Provost/Arts & Sciences/Mathematics

Address _____ 715 Patterson Office Tower

Address _____ Lexington, KY 40506-0027

Contact Name _____ Christine Levitt E-mail _____ clevitt@uky.edu

Phone _____ 257-6794 Fax _____ 257-4078

Signature  _____