



University of Houston - Victoria



Exhibit D to the Independent Contractor Agreement on Service Order Basis

This Service Order is subject to all terms and conditions of the Independent Contractor Agreement. Authorized Service Orders become a part of the Contract for Independent Contractor Agreement upon execution by University.

Date: _____ Account #: _____

Contract #: _____ Service Order #: _____

To: _____

You are hereby directed to perform the services as described below in accordance with your letter of proposal dated _____ under the terms and conditions of the Independent Contractor Agreement on Service Order Basis between University and Contractor dated _____; and at the sole satisfaction and approval of University.

SCOPE OF WORK FOR SERVICE ORDER:

COMPENSATION:

Contractor's compensation shall be either:

___ on a hourly rate of \$ _____ not to exceed the lump sum amount of \$ _____; or
___ on a not to exceed strict lump sum amount of \$ _____.

Reimbursable Expenses: Not to Exceed \$ _____, which will include but not be limited to actual cost of printing and copying in connection with the Service Order.

The above costs will be processed for reimbursement upon receipt of approved original invoices or other acceptable verification.

Contractor will invoice University ___ monthly or ___ upon completion of this Service Order for unpaid compensation earned. Invoices shall reference Contract # _____ and Service Order # _____.

Form No. OGC-S-2008-04-UHV

University agrees to promptly process for payment to Contractor each invoice, as approved by University and in accordance with Texas Government Code Chapter 2251.

SCHEDULE: The work to be performed under this Service Order shall begin on _____ and be completed on or before _____. Contractor agrees that the aforesaid completion date is a material consideration in the award of this Service Order, and in default of completion by the aforesaid date, Contractor shall pay to University liquidated damages in the amount of \$_____ for each day completion is not reached.

Service Order # _____

Previous Total Service Order Amounts: \$ _____

Not to Exceed Value of this Service Order: \$ _____

Independent Contractor Agreement Service Order Total: \$ _____

AUTHORIZED AND ACCEPTED:

UNIVERSITY OF HOUSTON-VICTORIA

CONTRACTOR

Signature (originating department) Date
Name: _____
Title: _____

Signature Date
Name: _____
Title: _____

Signature Date
Name: _____
Title: _____

Signature Date
Name: _____
Title: _____

Note: Modification of this Form requires approval of OGC