



**Personal Service Contract**

**(\$10,000 or less)**

**Personal Service Contract Number:** \_\_\_\_\_ **(To be assigned by Purchasing)**

This Personal Services Contract for professional services to \_\_\_\_\_  
is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between

Name of Individual or Firm (The Second Party)

Social Security or Federal ID Number

Street Address

City

State

Zip Code

**Services:** University of Kentucky has determined that personnel are not available to perform the described services or use of personnel would not be feasible. Therefore, the Second Party will perform the services described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Payment:** As fee for the services described, University of Kentucky agrees to pay the Second Party a sum not to exceed \$ \_\_\_\_\_ upon receipt of an invoice and a completed and signed Personal Service Contract Invoice Form located at [www.uky.edu/Purchasing/pscinvoiceform.pdf](http://www.uky.edu/Purchasing/pscinvoiceform.pdf). No other fees or expenses are authorized unless specifically identified in this contract. Payment will be made as described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Other Expenses:** The Second Party shall be reimbursed for no other expenses of any kind, except as specifically described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Contract Dates:** Beginning: \_\_\_\_\_ Ending: \_\_\_\_\_ Cancellation by either party upon 30 days written notice.

The Second Party is an independent contractor for University of Kentucky therefore, University of Kentucky is not liable for Social Security Contributions pursuant to Section 418. 42 U.S. Code. Furthermore, IRS Form 1099 will be forwarded at the end of the calendar year if total payments exceed \$600.00.

This Standard Contract for Personal Services is subject to the University's General Terms and Conditions, unless otherwise agreed to in writing. The University's General Terms and Conditions may be viewed at <http://www.uky.edu/Purchasing/terms.htm>.

**FIRST PARTY:**

**SECOND PARTY:**

\_\_\_\_\_  
Department Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Type Name of Firm/Individual

\_\_\_\_\_  
Dean, Vice President or Provost (if necessary)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**OFFICIAL PURCHASING APPROVAL:**

\_\_\_\_\_  
Purchasing Director/Asst. Director

\_\_\_\_\_  
Date

**PERSONAL SERVICE CONTRACT INVOICE FORM**  
**GOVERNMENT CONTRACT REVIEW COMMITTEE**  
**LEGISLATIVE RESEARCH COMMISSION**

Pursuant to KRS 45A.695, **no payment shall be made on any personal service contract** unless the individual, firm, partnership, or corporation awarded the personal service contract submits its invoice for payment on a form established by the committee.

Invoices shall be submitted every ninety (90) days, unless the personal service contract specifies a different submission time period.

Separate invoices shall be submitted for each distinct matter covered by the personal service contract, and shall be signed by the individual responsible for that matter

**The issuance of an invoice to the Commonwealth constitutes an affirmation by the individual, firm, partnership, or corporation awarded the personal service contract that the invoice truly and accurately represents work actually performed, and the expenses actually incurred.**

The head of the contracting body shall approve the invoice, indicating that the charges in the invoice reflect the value of the work performed, and all recorded costs and disbursements were reasonably and necessarily incurred in connection with the matter invoiced.

**NOTE: All questions must be answered fully. If the space provided is insufficient, additional pages should be attached referencing the specifically numbered item. Any questions regarding the invoice requirements should be directed to the contracting agency.**

**Contract Number:** \_\_\_\_\_ **Date of Invoice:** \_\_\_\_\_

\_\_\_\_\_  
**Contracting Body**

\_\_\_\_\_  
**Division, Branch, etc.**

**1. Name & Address of Contractor:**

**2. Contractor's Tax I.D. Number:** \_\_\_\_\_

**3. Effective Period of Contract:**  
**Starting Date:** \_\_\_\_\_  
**Ending Date:** \_\_\_\_\_

**4. Combined Total Amount Charged in this Invoice for Services and Reimbursable Disbursements:** \_\_\_\_\_

**5. Dates of Service Covered under this invoice:**  
**Starting Date:** \_\_\_\_\_  
**Ending Date:** \_\_\_\_\_

**6. Is this the FINAL invoice for services performed under this contract:**  
\_\_\_\_\_ Yes \_\_\_\_\_ No

7. Date of most recent invoice submitted prior to this invoice: \_\_\_\_\_

8. How often is the contractor required to submit invoices under the terms of the personal service contract:

9. Provide a description of the matter covered by this invoice:

10. Provide a full description of each service provided, including the date each service was performed, the name and title of each individual who worked on the matter, and the time the individual spent on the matter:

11. Provide the hourly rate for each individual working on the matter and the total charge for that individual for each matter involved:

12. Provide the subject matter and recipient of any correspondence:

13. Provide a full description of any work product produced, designating the way in which the work product is associated with the matter being invoiced. (Attorneys Billing for Legal Services: If you contend that any information is subject to privilege, please identify the privileged item, and provide sufficient information to evaluate the claim of privilege):

14. Provide an itemized list of all disbursements to be reimbursed by the state for each matter invoiced and the total charge for that matter:

***SIGNATURES:***

**Contractor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Contracting Body**

**Approved by:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Title:** \_\_\_\_\_