	VERSITY OF THE CARNATE WORD	Professional	Services Agreer	ment	
Federal ID No: Social Security No.:					
Name: Address: City, State	·	a.			
ype of Pro	ofessional Services Rendered	d:			
Amount Due: Budget Account No. Check Requisition Vendor ID: Date Check Needed:		_ Date of Services From:		_ To:	
		Next Check Run	Check Total:	\$	
Vill Call fo	r Check: Please call x	□Yes □ No	Mail Check:	□ Yes □ No	
Payee Signature		Date	Division Dean/Direct	or	Date
Provost		Date	CFO & VP Administr	rative Services	Date
			<u> </u>		Revised: February 1, 202
n page 2	usiness name/disregarded entity na neck appropriate box for federal tax assification (required): Individual Limited liability company. Enter	C	ero s e ar no terono	Partnership ☐ Tru	st/estate
	Other (see instructions) ▶				
Spec	ddress (number, street, and apt. or	suite no.)		Requester's name and add	dress (optional)
8	ity, state, and ZIP code				
Lis	st account number(s) here (optional)			
Part I	• •	ation Number (TIN)		line Social security r	numbor
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Nar to avoid backup withholding. For individuals, this is your social security number (SSN). However, resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (FIN). If you do not have a number, see How to				line Social security r	number
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