

**Form PUR-CR (ATTACH TO REQUISITION - ALL ITEMS MUST BE COMPLETED.)**

**PROFESSIONAL, PERSONAL & CONSULTING SERVICES CONTRACT REQUIREMENTS**

1. COLLEGE/DEPARTMENT: \_\_\_\_\_ Department Contact: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Fax #: \_\_\_\_\_
2. CONTRACTOR: \_\_\_\_\_ Contact: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
\_\_\_\_\_ Fax #: \_\_\_\_\_  
\_\_\_\_\_ Tax ID/SSN #: \_\_\_\_\_  
**Attach form W-9**
3. Is Contractor a US Citizen: \_\_\_ Yes \_\_\_ No\* or \_\_\_ N/A (If contract is with a company and not an individual)  
\*If Contractor is not a citizen of the US, compliance with FASOP: AS-04 must be met prior to contracting.  
(Available on the Internet at: <http://www.fas.lsu.edu/fas/procedures.htm>)
4. Is the contractor a current LSU employee? \_\_\_ Yes\* \_\_\_ No  
\*Contact HRM for additional compensation - **do not process through Purchasing**
5. Has the contractor been an employee of LSU in the past two years? \_\_\_ Yes\* \_\_\_ No \*If Yes, STOP - contact Purchasing Office.
6. Is the contractor a current employee of a La. state agency or La. state university? \_\_\_ Yes\* \_\_\_ No  
\*If Yes, STOP - contact Purchasing Office.
7. Is the contractor a current or retired member of Teachers Retirement System of LA? \_\_\_ Yes\* \_\_\_ No  
\* If Yes, STOP - contact the Payroll Office.
8. Is the Contractor a child, spouse, brother, spouse of brother, sister, spouse of sister, parent, spouse of parent, or parent of spouse of an LSU employee who will take part, or share responsibility for action of LSU through approval, disapproval, decision, recommendation, rendering advice, investigation or failure to act or perform a duty with respect to the proposed contract? \_\_\_ Yes\* \_\_\_ No  
\*If Yes, STOP - contact Purchasing Office.
9. Do you or any of the individuals listed above have an ownership interest in the Contractor? \_\_\_ Yes\* \_\_\_ No  
\*If Yes, STOP - contact Purchasing Office.
10. Contract Term - Begin Date: \_\_\_\_\_ End Date: \_\_\_\_\_  
**NOTE:** If the contract term exceeds 12 months, justification is required. **Attach a justification letter.**  
**NOTE:** If this is being submitted after the beginning date of service, explanation is required. **Attach a justification letter.**
11. Will the contractor perform work within the State of Louisiana for more than 30 days of the contract term? \_\_\_ Yes\* \_\_\_ No  
\* If the contractor is an out of state corporation, then the contractor will be required to register with the La. Secretary of State's Office.
12. Maximum Contract Amount (not including travel): Not to exceed \$ \_\_\_\_\_  
Maximum amount for Travel expenses\* (if applicable): Not to exceed \$ \_\_\_\_\_  
\* **Attach a completed copy of the AS516.**
13. LSU Project Manager – *(personnel responsible for the monitoring of proposed contract)* \_\_\_\_\_
14. Frequency of Payment: (check as appropriate)  one lump sum payment upon completion of services,  \$ \_\_\_\_\_ hourly/weekly/monthly  
(select one),  multiple installments based on completion of tasks (**must** provide details/list tasks), or  other (**must** provide details)  
\_\_\_\_\_  
 detailed payment terms are attached.
15. Brief description of services: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Certified by: \_\_\_\_\_ Title: \_\_\_\_\_  
(Signature and title of personnel responsible for the monitoring of proposed contract)