

<h1 style="margin: 0;">AGREEMENT</h1> <p style="margin-top: 20px;">WV-48 (Rev. 3/03)</p>	<p>Fairmont State Procurement Office 1201 Locust Avenue Fairmont, WV 26554</p> <p>Direct all inquiries regarding this order to: (304)-367-4845 or 367-4711</p>	<h2 style="margin: 0;">Purchase Order</h2>
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I, _____, agree to perform the following services for _____ at _____

(Name and address) (Agency) (Location)

(Detailed description of service to be performed)

Date of Service: From _____ To _____

The rate of pay shall be _____ per _____ not to exceed \$ _____

NOTE: Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor.

Please check the appropriate box below:

- I am not currently a full-time employee of the State of West Virginia.
- I am currently a full-time employee of the State of West Virginia. (complete certification).

The following certification must be completed and signed if the vendor is a full-time employee of the State of West Virginia. It is hereby certified that the services to be performed under this agreement will not interfere with or detract from the full-time duties of the employee, and the amount of annual compensation received by _____ (above named vendor) from the State of West Virginia for full-time employment during the current fiscal year will be \$ _____.

The Vendor serves as _____ with the title of _____

(Position)

certified by _____

(Supervisor's Signature)

Approved by:

West Virginia _____ **Fairmont State** _____

(Agency)

(Authorized Signature of Agency)

(Title)

(Date)

Vendor: _____

(Vendor's Signature)

(Social Security or FEIN)

(Date)

For Departmental Use Only:

FUND	ORG.	ACCOUNT	ENCUMBER AMOUNT
TOTAL:			

Note:
 If contracting with an individual or sole proprietor, please complete and attach both;

- Determination of Independent Contractor Worksheet
- Independent Contractor Declaration

_____ (Date)

(Department Signature) (Date)