



Request for a Service Agreement

This form is to be used when a service from an Individual is required. Individuals are Suppliers who are providing a service to the University of Manitoba but do not have a registered business or GST number. All Service Agreements require a valid order number issued from Purchasing Services. The reference number above is for internal use only.

Request Date: _____

SUPPLIER INFORMATION

Name _____
Address _____
City, Province, Postal Code _____
Supplier Contact _____
Phone Number _____
Fax Number _____
Email _____

DEPARTMENT INFORMATION

Department Name _____
Address _____
City, Province, Postal Code _____
Department Contact _____
Phone Number _____
Fax Number _____
Email _____

SERVICE AGREEMENT DETAILS

Agreement Start Date: _____

Agreement End Date: _____

[] Description of Services is complete and attached

[] Approval from Human Resources is complete and attached

Services Amount \$ _____ Currency _____

Additional Expenses Amount \$ _____ Currency _____

Type of Expenses: _____

Table with 6 columns: FUND, ORGANIZATION, ACCOUNT, PROGRAM, ACTIVITY, LOCATION

Services [] Expenses [] Both []

Authorized Signature on FOAP _____

(Please print)

(Signature)

IS THIS AN AMENDMENT? [] Yes [] No

Existing Order Number: _____

COMPLETE THE FOLLOWING QUESTIONS IF YOU ARE AMENDING AN EXISTING SERVICE AGREEMENT ONLY:

- [] Change of end date of the Service Agreement. Provide the new end date and reason for extension.
[] Change the services on the Service Agreement. Provide reason for change below and attach an updated Description of Services.
[] Adjust the dollar amount or change the payment schedule on the Service Agreement. Provide the increase or decrease of the service amount, the new total value and any changes to the payment schedule.
[] Update allowable expenses. Provide list of additional expenses and total dollar amount that is allowable.

Please submit form and attachments to Purchasing Services via email Purchasing@umanitoba.ca or send to 403 Administration Building

For Internal Use Only

Review Date: _____

Prepared by: _____

Approved by: _____