

PURCHASING AGREEMENT INFORMATION

Supplier's name, authorized Supplier Signatory's full name, address, phone number and email address
PI Name, department and contact information
Scope of Work: a description of the services, including any tasks/deliverables/reports/dates/milestones
Describe how (and by whom) the vendor was selected (include any extenuating circumstances)
Duration of the services (What are the beginning and end dates?) Please confirm if services have commenced and/or completed.
Location of services (address)

Payment amount by the hour, day, month, or job and Total Not to Exceed amount.

Sources of any federal funding

Will the services involve access to restricted/sensitive data? YES NO

	YES	NO
• PHI (protected health information)	<input type="radio"/>	<input type="radio"/>
• PII (personally identifiable information)	<input type="radio"/>	<input type="radio"/>
• Student records	<input type="radio"/>	<input type="radio"/>
• University networks/data systems	<input type="radio"/>	<input type="radio"/>

Also consider the following: YES NO

	YES	NO
• Is this individual currently employed by UC?	<input type="radio"/>	<input type="radio"/>
• Was this individual a University employee at any time during the past 12 months?	<input type="radio"/>	<input type="radio"/>
• Was the selection of this individual made or influenced by a near-relative who is a UC employee?	<input type="radio"/>	<input type="radio"/>
• Will the services be conducted on campus?	<input type="radio"/>	<input type="radio"/>
• Will the vendor be in California while performing the services?	<input type="radio"/>	<input type="radio"/>