

SUMMARY OF CONTRACTUAL SERVICES AGREEMENT/ PURCHASE ORDER

OLO/Department: _____ **Agency Contact:** _____
Telephone #: _____

Total Contract Amount: _____ **Total Amount of Previous Payments:** _____

Contract /P.O. #: _____

Contractor/Vendor/Payee: _____

Contract Start Date: _____ **Contract End Date:** _____

Contract Last Signed Date: _____

Type of Services: _____

Method of Payment: (circle one)

Fixed Rate Lump Sum Cost Reimbursement Cost Plus(any combination of these) Advance Funded

Deliverables Including Minimum Performance Standards	Payment Amount

Method of Procurement: **ITB** _____ **RFP** _____ **ITN** _____ **Reference #** _____
Single/Sole Source _____ **Emergency Certification** _____
Other (Specify) _____

Management Controls:

- _____ (a) All the above information is true and correct; the undersigned management represents that controls are in place to insure that goods/services are received and payments are made in accordance with contract terms.
- _____ (b) All completed work will be verified in a certified statement signed by the contract manager or higher authority prior to payment. The undersigned understands that the office of the State Chief Financial Officer reserves the right to either appoint special contract monitors or to conduct periodic site post-audits of any contracts.

Management Name (please print) _____

Management Approval Signature _____

Management Approval Date _____