

# Missouri State<sup>™</sup>

U N I V E R S I T Y

901 S. National Avenue  
Springfield, MO 65897

## PROFESSIONAL SERVICES CONTRACT

<b>CLIENT NAME:</b>	<b>CONTACT:</b>
<b>ADDRESS:</b>	
<b>TELEPHONE NUMBER:</b>	<b>FAX NUMBER:</b>

## GENERAL CONTRACT INFORMATION

**MISSOURI STATE UNIVERSITY CONTACT PERSON:**

**TELEPHONE:** 417-836-4810

**CONTRACT TITLE:**

**CONTRACT PERIOD:**

**FIXED CONTRACT AMOUNT:**

**CERTIFICATION:** The Client certifies that it and its principals are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or Agency. Client certifies that the information and/or parts resulting from this contract will only be used for research and development and/or educational purposes.

**DESCRIPTION OF SERVICES:**

**CANCELLATION POLICY:** Should there be a need by the University or Client to cancel this contract, it will be mutually understood that no fees will be paid; reasonable and necessary expenses incurred prior to the cancellation will be addressed on a case-by-case basis.

**PAYMENT PROCESS:** One payment after work is completed for \$ due 30 days after invoice.

**APPROVED AND ACCEPTED:**

**MISSOURI STATE UNIVERSITY**

**CLIENT**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
VP for Research & Economic Development  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Center Director Signature