

THE TEXAS A&M UNIVERSITY SYSTEM
System Offices (SO)

AGREEMENT FOR SERVICES

With few exceptions, you have the right to request, receive, review and correct information about yourself collected using this form.

Name: _____ Social Security Number: _____

Title and Employer: _____

Mailing Address: _____

Telephone Number: _____ Fax Number: _____

Services to be provided:

Date(s) and location(s) of services:

Professional fee:

Estimation of travel and other expense reimbursements:

Signature of Service Provider

Date

Approved by:

*****Agreements greater than \$5,000 Require
Approval By:**

Signature of SO Department Head

Associate Vice Chancellor for
Budgets and Accounting

Date

Date

Unless otherwise indicated, voucher payment will be made within 30 days after receipt of invoice and verification of services performed being complete.

***Services that will exceed \$5,000 must be requisitioned through System Offices Purchasing prior to entering into an agreement