SCOPE OF WORK

Service provider a current” or former employee of the University of Colorado?

If yes, list dates of employment:

The service provider relied and currently receiving PERA benefits?  Yes  No of yes, have the service provider complete

disclosure of Compensation form scan and email the completed form to employee service at

**CU CONTACT INFORMATION**

**Name:**

**Unit:**

**Email Address:**

**Campus Phone:**

jj

**SERVICE PROVIDER INFORMATION**

**Citizenship (check one):**

You’re Logo

You’re Logo

Background check mist be performed on service providers who will be working with making a background check

been performed on this service provider?

Yes  No  Service provider will not be working with making

**PAYMENT DETAILS**

All costs proposed to be covered be the University, including all travel-related experelated

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If ‘other costs’ are indicated at left (i.e., notes)