

AGREEMENT



**Broward Community College
Purchasing Department**

Date Prepared _____

Request No. _____

Purchase Order No. _____

PLEASE COMPLETE ACCORDING TO INSTRUCTIONS ON REVERSE SIDE

GENERAL	1) Cost Center No.	2) Cost Center Name	3) Phone No.	
	4) Name of Provider of Service		5) Address	
	6) Phone No. ()	7) City	State	Zip Code
	8) Social Security No./I.R.S. No.			
	9) Period of Agreement		10) Check to be Made Payable to	
	11) Amount of Payment to be made: (Write out as well as show figures)			
	12) Date of Payment to be made			\$

SERVICES TO BE PROVIDED	13) I agree to provide the following services (Use second sheet if needed)
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TERMS	<p>TERMS</p> <p>BROWARD COMMUNITY COLLEGE agrees to pay the provider \$ _____ services agreed to in this agreement. This amount includes all travel and other expenses incurred in providing the agreed upon services.</p>
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ACCEPTANCES	PROVIDER	BROWARD COMMUNITY COLLEGE
	I certify I am not nor have been an employee of Broward Community College within the present fiscal or calendar year. I accept the terms of this agreement.	RECOMMENDED
	Signature of Provider _____	Cost Center Administrator _____ Date _____
	Date Signed _____	APPROVED
	President _____	Date _____

BROWARD COMMUNITY COLLEGE	<p>The agreed to services were performed in a satisfactory manner.</p> <p>_____ Date _____</p> <p>Cost Center Administrator</p>
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- DISTRIBUTION:**
- White: Board of Trustees
 - Green: Provider
 - Canary: Attach to PUR-1
 - Pink: Attach to Authorization for Payment section of PUR-1
 - Goldenrod: Retain for Cost Center Records