

Academic Program Review

Financial Guidance and Payment Process

College and Department Guide with Sample Documents

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Purpose and use

This guide transfers responsibility for the financial and payment portion of [Academic Program Review](#) from the Office of the Provost to the colleges and departments conducting each review. It explains how to establish an external reviewer as a vendor, secure contract approval, along with managing and submitting the final payment package. There are sample documents in the appendices.

Critical requirement. A reviewer may not begin contracted work, which includes training, reviewing the self-study, or participating in the on-site visit, until the contract has completed the required approval process and the department has been formally authorized to proceed by Purchasing.

Before starting

- Identify the college or department index that will pay the reviewer fee and reimbursable travel expenses.
- Name one college or department financial contact to assemble documents, track approvals, and submit payment.
- Estimate the full cost for each reviewer, including the service fee and reasonable travel expenses, and confirm adequate budget.
- Use WKU Secure Share whenever a document contains a Social Security number, tax identification number, birthdate, banking information, or other sensitive data.
- Confirm current forms, contacts, commodity codes, mileage rates, and Purchasing lead times before submission.

1. Identify external reviewers and establish funding

Follow [WKU Policy 1.7000](#) and the [current APR timeline](#) when identifying and selecting external reviewers. Review committee membership should be finalized by November 22, 2026.

- Before an invitation is finalized, confirm the paying index, estimated maximum contract amount, and responsible financial manager.
- Confirm that each proposed external reviewer has no conflict of interest with the program or department.
- Use the current APR instructions for the number of nominees.

2. Collect reviewer information before winter break

Using [WKU Secure Share](#), collect the following from each selected external reviewer as early as possible and preferably no later than December 1:

- [Form W-9](#) in the reviewer's legal name and home address. The form must have an electronic certified signature or a wet signature. A picture signature is not acceptable. WKU pays the reviewer, not the reviewer's university.
- For a foreign national, the appropriate Form W-8BEN or W-8BEN-E and the reviewer's country of citizenship. Contact Tax Compliance early because additional tax documentation or review may be required.
- [External Committee Member Registration Form](#) for affiliate account and workflow setup.
- ACH enrollment form for direct deposit. ACH is optional. Without it, payment will be issued by check.

2b. Completing and collecting contracts

Send the contract to the vendor to sign, [Personal Services Contract Under \\$10,000](#), and send it back. Add the Social Security number after the document is signed, so you don't have to use the secure file share email. Enter the college or department index and contact information, identify the correct fee and authorized expenses, and use dates that cover all contracted work. Enter the college or department index and contact information, identify the correct fee and authorized expenses, and use dates that cover all contracted work, typically February 1st – June 30th.

3. Obtaining contractor-status and vendor approval

Send the following through [WKU Secure Share](#) to the Tax Compliance Accountant (Nicole.Boaz@wku.edu) in the Controller's Office as soon as the contract is signed:

- [Determination of Contractor Status Form](#). Save or print a second copy for the payment package (Step 8).
- Fully executed Personal Services Contract.
- Form W-9 or applicable Form W-8BEN.
- ACH form, if the reviewer elects direct deposit.

Do not proceed with an external reviewer if Tax Compliance determines that the reviewer must be treated as an employee. A new external reviewer will need to be identified.

4. Completing vendor and workflow setup

After Tax Compliance confirms vendor status:

- Send Accounts Payable (Rebecca.Sell@wku.edu) the reviewer's full legal name from the W9, address, phone number, and email address with a request for WKU IDs. Accounts Payable will provide the WKU ID after vendor setup is complete.
- Send the External Committee Member Registration Form through [WKU Secure Share](#) to Rheanna.Plemons@wku.edu and Crissy.Priddy@wku.edu so the reviewer's affiliate account and workflow access can be created by HR and ITS.
- Do not send tax forms, banking information, birthdates, or Social Security numbers by ordinary email.

5. Submitting the contract package to Purchasing

Submit a [TD ticket](#) to Purchasing immediately after the contractor-status documentation is accepted. Include:

- Fully executed Personal Services Contract.
- [Proof of Necessity Form](#) completed with the college or department's funding source, responsible person, and monitoring plan.

Timing. Purchasing must route the contract for state approval, approximately 30 to 45 days before the reviewer begins any work. For a reviewer expected to begin in January or early February, submit the Purchasing contract package before winter break.

6. Managing travel and on-site visits

- Do not purchase a reviewer's airfare, hotel, rental car, or other travel with a WKU procurement card or reimburse them using a travel voucher.

- **The reviewer makes and pays for all travel arrangements.** The reviewer requests reimbursement by itemizing authorized expenses on an invoice, template provided, and providing receipts as required by the contract and current WKU policy.
- The college or department may recommend preferred lodging and may provide meals while the reviewer is onsite as an official guest.
- Confirm that the contract maximum is sufficient before approving travel changes. Do not promise reimbursement beyond the approved contract terms without prior approval from the state.

7. Collecting invoices

After the reviewer completes the contracted work and submits the required report(s), obtain the [reviewer's invoice](#). A reviewer may submit an earlier invoice for authorized prepaid travel expenses.

The reviewer's itemized invoice should include:

- Service fee:
 - \$1,500 for committee chair
 - \$1,000 for committee member
 - \$2,250 for a chair/reviewer participating in multiple reviews
 - Another amount approved by the college or department and stated in the contract
- Authorized travel costs:
 - Airfare and baggage
 - Mileage
 - Meals in transit
 - Rental car and fuel
 - Hotel
 - Other transportation services
- Dates of service, program reviewed, reviewer name and address, invoice date, and total due.
- Receipts and supporting documentation required by the contract and current WKU policy.

8. Submit payment

Send the payment package through [WKU Secure Share](#) to the Tax Compliance Accountant in the Controller's Office. Include:

- [Payment Authorization](#) for the full amount invoiced using **commodity code 693050**, Personal Services – Consulting Services.
- [Personal Service Contract Invoice Form](#), signed by the contractor and approved by the financial manager over the index paying the vendor.
- Reviewer's detailed invoice. The receipts for travel are not submitted. This documentation is for your record.
- The second Determination of Contractor Status Form. Complete a new form or submit the copy, but make sure you update the date at the bottom of the DCSF, if you use a copy, whiteout the old date and write in the new date.
- Optional: Fully executed contract.

FY27 financial timeline aligned with the APR calendar

Official APR milestones below are drawn from WKU’s APR Detailed Timeline for Degree Review, updated August 19, 2026. Financial dates labeled “recommended” are planning deadlines created for this guide and should be adjusted if Purchasing, Tax Compliance, or Accounts Payable requires earlier submission.

Date	Official APR milestone	College or department financial action
By October 15, 2026	Chairs send the dean possible external reviewers for non-accredited programs.	Confirm paying index, maximum budget, financial contact, and anticipated visit/service dates.
Early November 2026	Deans rank external reviewers; chairs informally confirm availability.	Tell candidates that tax, vendor, contract, and secure-document requirements will follow. Confirm no conflict of interest.
By November 22, 2026	Deans finalize committees and issue committee charge memos.	Confirm reviewer role and fee; begin W-9/W-8, ACH, registration, contractor-status, PSC, and PON documents.
By December 1, 2026, recommended	Programs are preparing completed self-study drafts by November 30.	Collect all reviewer documents through Secure Share and obtain contract signatures.
Before winter break or at least 45 days before work begins	No separate APR milestone.	Submit Tax Compliance/vendor materials and the Purchasing TD ticket. Early-February work requires completion before winter break.
Early January 2027	APR Cohort Meeting 3 addresses report submission and visit preparation.	Track state approval, vendor creation, WKU ID, and affiliate/workflow access. Resolve missing items immediately.
January 26–31, 2027	Programs submit self-studies to deans by January 26; deans send reports to committees by January 31.	Finalize site review dates. Ensure travel arrangements and timing.
Late February–early April 2027	Review committee visits occur; orientations are held at least one week before visits.	Monitor contract maximum, authorized expenses, and invoice timing. Retain receipts and documentation.
Within two weeks after committee report recommended	Deans meet with program faculty and prepare the final summary, ideally within two weeks of the committee report.	Obtain final reviewer invoice and required state invoice form; reconcile fee, expenses, receipts, contract balance, and prior invoice payments (if any were made).
May–June 2027	Deans submit final summaries and complete documentation packages through WKU Workflow.	Submit and track final payment. Resolve holds and close obligations before the June 30 fiscal year end.

Sample documents

The following samples are consolidated for reference. Replace all sample names, addresses, dates, programs, amounts, indexes, contract numbers, and Provost Office information with the correct college or department information. Use current official forms when processing a transaction.

Appendix A External Committee Member Registration Form

Appendix B Proof of Necessity Form

Appendix C Determination of Contractor Status Form

Appendix D Personal Services Contract Under \$10,000

Appendix E APR Invoice Workbook — Instructions Tab

Appendix F APR Invoice Workbook — Sample Big Red Invoice Tab

Appendix G Personal Service Contract Invoice Form

Appendix A
External Committee Member Registration Form

WKU Academic Program Review

***External Committee Member
Registration Form***



Thank you for agreeing to join a WKU Academic Program Review Committee. This form collects the necessary information to disperse payment for your participation and to create an affiliate (guest) account for you at the University.

First Name: _____ **Last Name:** _____

Title: _____

Institution: _____

Email Address: _____

Home Address: _____ **State:** _____

Zip Code: _____ **Birthdate:** _____ **Phone Number:** _____

Last Four Digits of Social Security Number: ____ ____ ____ ____

This is used for password resets and for Human Resources purposes.

Appendix B

Proof of Necessity Form Page 1

Replace the sample Provost Office responsible person and funding details with the college or department information.



Western Kentucky University
1906 College Heights Blvd.
Bowling Green, Kentucky 42101

Proof of Necessity (PON) Form

Contract Number: _____

Accounting

Department

TYPE OF CONTRACT: ☒ New ☐ Renewal (Re-negotiation) or ☐ Extension for Time Only

NOTE: All questions *must* be answered fully. If space provided is insufficient, additional pages should be attached referencing the specifically numbered item. Questions regarding this form should be directed to the Bureau/Staff Office Contract Officer.

1. Name & Address of Contractor:

Big Red
1 Big Red Way
BG, KY 42101

2. Effective Period of Contract:

Starting Date: February 1, 2027

Ending Date: June 30, 2027

3. Explain, with specificity, the work to be performed. (Include: Description of project; types(s) of service to be delivered; reports or products to be prepared; reason for duration of contact; etc.):

Reviewer will provide feedback to university constituents to help individual programs improve overall effectiveness. They will receive training on WKU's process, review all program self-study documents in advance of campus visit, meet with campus constituents, complete a program evaluation rubric, and will write an evaluation report.

4. a. Does an identified or anticipated reason now exist which would indicate a need to renew the contract for the succeeding fiscal year? ☐ YES ☒ NO
If yes, explain:

b. Will the contract provide for cancellation by the Department upon a maximum of 30 days or less written notice to the contractor? ☐ YES ☒ NO

5. FINANCIAL AND CONTRACT COST DATA:

a. Total Projected Cost of Contract: \$ 4,000.00
Source of Funds: Federal: \$ _____ State: \$ 4,000.00 Local/Other: \$ _____

b. If contract is supported by federal funds, indicate: Grant/project title; grant I.D. number; and CFDA number: _____

c. If contract is supported by state funds, indicate source(s) and amount(s) (e.g., General Fund, Trust and Agency, Other):

E&G funds have been identified by departments to support 100% of this expense

d. Was the contract cost included in the original Budget Request? ☐ YES ☒ NO If no, explain:

e. Describe, in detail, how the projected cost of the contract was derived (attach proposed budget when applicable):

f. Basis for Payment: • Hourly: \$ _____ per hour • Per Diem: \$ _____ per day

• Fee for Service: \$ _____ per service • Other - Explain:

Fee and travel expenses will be paid upon submission of invoice.

g. Method of Payment: • Straight Disbursement ☒ • Inter-Account _____

h. Frequency of Payment: • Monthly _____ • Quarterly _____ • Upon Completion ☒

• Other Explain:

i. Social Security Number (if individual) or IRS I.D. Number (if firm or corporate entity) of proposed contractor: xxxxxxxx

Appendix B

Proof of Necessity Form Page 2

NOTE: If professional employment contract with firm or corporate entity, attach a complete list of names and social security numbers of all officers, as well as all employees performing work directly related to the contractor. If individual, attach name and social security number.

j. If an individual, will the terms of contract require that the contractor be considered an "employee" of this Department for FICA purposes? NO

6. **JUSTIFICATION FOR CONTRACTING WITH AN OUTSIDE PROVIDER TO PERFORM THE SERVICE.**

The following questions should be addressed at a minimum:

What in-house method(s) were considered and why were potential in-house method(s) rejected? Is the part of such nature that: it should be done independently of the agency to avoid a conflict of interest; it requires unique or special expertise/qualifications; and/or legal or other special circumstances require use of an outside provider? If services are needed on a continuing basis, describe efforts made to secure services through regular state employment channels? Will agency personnel provide staff support services to the contractor?

Program Reviewers were nominated by Department Chairs and reviewed and selected by respective college Dean based on qualifications in the academic discipline and experience coordinating academic programs. Reviewers could not have conflict of interest (relationship with academic department) in order to provide objective feedback.

7. **Name and address of other provider(s) considered to perform the service:**

NA

8. **Basis for selection of the proposed contractor** (explain process used in making decision, i.e., solicitation of proposals, bids, references, and evaluation criteria applied):

After review by Dean, Department Chairs contacted nominees to confirm availability and interest in participating, confirmation of no conflicts of interest, and academic expertise/experience.

9. **PLANNED SUPERVISION AND MONITORING OF THE CONTRACTOR'S PERFORMANCE:**

a. Name and Title of Responsible Person: Dr. Rheanna Plemons, Assistant Provost
Office and Location: 1906 College Heights Blvd, Bowling Green, KY 42101
Telephone Number: 270-745-8985

b. Describe the monitoring activities, both programmatic and fiscal, which will be performed including the manner in which monitoring needs will be addressed in the contract to facilitate this activity:

Reviewers will be monitored during training and on campus reporting and by internal campus reviewers serving on the committee.

10. **SIGNATURES:**

PREPARED BY: _____

DATE: _____

RECOMMENDED BY: _____

DATE: _____

Title: _____

APPROVED BY: _____

DATE: _____

Department Head

APPROVED BY: _____

DATE: _____

Director of Purchasing or Designee

Appendix C

Determination of Contractor Status Form

9/8/26, 3:53 PM

Determination of Contractor Status Form

WESTERN KENTUCKY UNIVERSITY DETERMINATION OF CONTRACTOR STATUS FORM	
(This form MUST be approved prior to submission of payment document.)	
<div style="border: 1px solid black; padding: 5px; font-size: small;">Internal Revenue Service regulations state that payments made to individuals for services where an employer/employee relationship exists are subject to employment taxes and withholdings. Therefore, only payments to independent contractors will be approved for payment other than through University payroll. The purpose of this form is to determine whether the payee should be deemed an independent contractor as defined by the IRS, or an employee subject to employment taxes and withholding. The following questions must be answered by the department requesting the services to be provided prior to the commencement of the services. No payment will be processed without the completion of this information.</div>	
Enter Payee's Social Security Number or ITIN: <input type="text" value="zzzzzzzz"/> Click Here-> <input type="button" value="Fill In Name"/> Name: <input style="width: 150px;" type="text"/>	
Big Red <--Enter Name (Do not use WKUID. This is for IRS reporting records. If no SSN or ITIN, click here .)	
Directions: Please check yes or no to the following questions:	
	Yes No
01a. Is the payee currently employed by the University? (Answer generated automatically.) ECLS:	✓
01b. Has the payee ever been employed by the University? (Answer generated automatically.)	✓
02. Is the payee a United States Citizen or Resident Alien for tax purposes?	☒ ☐
03. Does your department have the right to require compliance with the timing, place and method used in completing the work to be done?	☒ ☐ Help
04. Will your department apprentice, train or instruct in the details of the work, or correspond in any way the manner or method in which the work is to be performed?	☐ ☒ Help
05. Will the work be done personally by the contractor?	☒ ☐ Help
06. Will your department hire, supervise, or pay assistants to aid those performing the work?	☐ ☒ Help
07. Will your department dictate the hours during which the work will be performed?	☐ ☒ Help
08. Will the work be performed on your premises or at a location required by your department?	☒ ☐ Help
09. Will your department have the right to require that the work be performed in a specific order, routine or sequence?	☐ ☒ Help
10. Will your department require regular written reports from those performing the work?	☐ ☒ Help
11. Will your department pay those performing the work on an hourly, weekly or monthly schedule other than as a convenient payment of an agreed-upon lump sum cost of the work?	☐ ☒ Help
12. Will your department furnish the tools, equipment, or materials necessary to complete the work performed?	☐ ☒ Help
13. Do those performing the work have the right to terminate the relationship at will prior to completion without incurring liability?	☒ ☐ Help
14. Is there a continuing relationship between the payee and the department for whom the services are performed?	☐ ☒ Help
15. Does the payee have a major investment in the facilities used to perform the service?	☐ ☒ Help
16. Is the worker subject to suffering a loss, as well as realizing a profit, as a result of his/her service?	☒ ☐ Help
17. Does the payee offer their services to the general public on a regular and continuing basis?	☒ ☐ Help
18. Provide a description of the reason for payment: <div style="border: 1px solid black; padding: 5px; font-size: x-small;">Academic Program Review for Gordon Ford's Accounting. Providing a Service fee (\$1,500 chair) and reimbursing travel. Total estimated cost up to \$4,000.</div>	
19. Amount of payment: \$ <input style="width: 100px;" type="text" value="4,000"/>	
Completed By: (enter WKUID) <input style="width: 100px;" type="text"/> Click Here-> <input type="button" value="Validate Form"/>	
Name: <input style="width: 200px;" type="text"/> Date: <input style="width: 100px;" type="text" value="09/08/2026"/>	
Campus Address: <input style="width: 200px;" type="text"/> Department: <input style="width: 150px;" type="text"/>	
Campus Phone: <input style="width: 150px;" type="text"/>	
<div style="border: 1px solid black; padding: 5px;">For CFO Department Approval Use Only ☐ Employee. This person must be paid on payroll. Submit appropriate documents to Human Resources. ☐ Independent Contractor. Submit payment documents to Accounts Payable. <div style="float: right; border: 1px solid black; padding: 5px; text-align: center; font-size: small;">Citizenship (System Generated) Unknown</div> A/P Taxation Instructions: _____ Windstar Tax ID: _____ Income Type: _____ W/H%: _____ Approved _____ Date _____</div>	

Appendix D

Personal Services Contract Under \$10,000 Page 1

Replace the service fee amount with the correct amount for the contractors APR role, from item 7 above.



Purchasing Department
1906 College Heights Blvd, 11099
Bowling Green KY 42101-1109

Personal Services Contract Under \$10,000

Personal Service Contract #:PS _____
Department Accounting _____
Index: 23xxxx

This Personal Services Contract for Academic Program Review is made and entered into this
10th day of July, 2026 by and between Western Kentucky University (WKU) and:

Name of Individual or Firm (Contractor)
Dr. Big Red

Social Security or Federal ID xxx-xx-xxxx
Secretary of State Registration Number: leave blank
Email Address: bigred@wku.edu

Services: WKU has determined that University personnel are not available to perform the described services or use of University personnel is not feasible. Therefore, the Contractor will perform the services described below:
(Please use a numbered attachment if additional space is required. Any attachment is incorporated into this contract.)

Reviewer will provide feedback to university constituents to help individual programs improve overall effectiveness. They will receive training on WKU's process, review all program self-study documents in advance of campus visit, meet with campus constituents, complete a program evaluation rubric, and will write an evaluation report.

Payment: As fee for services described, WKU agree to pay the Contractor a sum not to exceed \$4,000
Including expenses (if authorized below) upon receipt of signed invoice(s). No other fees or expenses are authorized unless specifically identified in this contract. Receipts are required on all expenditures exceeding \$10.00. Payment will be made as described below:

AUTHORIZED FEES AND EXPENSES

Hourly	\$	/hour	✓	Mileage @ . :	✓	Lodging		Postage
Per Diem	\$	/day	✓	Airfare;	✓	Meals		Printing
Fee	\$ 1,500.00	/Service	✓	Other Trans.:		Phone	✓	Misc.
Other:	\$							
Payment to Made:			✓	Upon Completion			✓	Other:

Please explain: Reviewer may invoice for incurred travel expenses.

Other Expenses, if any that will be incurred by WKU on behalf of the contractor. Please describe:

Will pay reviewer fee and reasonable travel, lodging, food, and other misc. related expenses. Reviewers may invoice for prepaid travel expenses prior to receiving final payment.

Contract Dates: Beginning: February 1st 2027 ; Ending: June 30th 2027

CANCELLATION: By either party upon thirty (30) days written notice.

Western Kentucky University:

Contractor:

Prepared by _____

Signature/Date

Recommended By: _____
Title

Type or Print Name

Approved by: _____
Department Head

THIS CONTRACT IS NOT VALID UNLESS SIGNED BELOW

Approved by: _____
Director of Purchasing

**Note: Contractor may not begin work until contract has been received by the Government Contract Review Committee.
Receipt of a WKU Purchase Order will be the contractor's notification that work may commence.**

Fee details in item 7 above.

Appendix E

APR Invoice Workbook Instructions Tab

An invoice template is on the second tab of the workbook. Use the invoice to request payment for service and reimbursement of authorized travel costs incurred.

Your Company Name

Enter your name and contact information, including address, phone number, and email.

Date

Enter the date the invoice is submitted.

Bill To

No action is required. The WKU billing information has already been entered.

Description and Amount

Itemize the service fee and each travel expense. The invoice totals automatically. Use the [current Kentucky mileage rate](#) for mileage reimbursement. Enter the appropriate committee role and program name: chair (\$1,500), member (\$1,000), or multiple reviews (approved amount).

Submission

Send the invoice, receipts, and supporting documentation to the college or department review contact through the approved method.

Appendix F

APR Invoice Workbook Sample Big Red Invoice Tab

This page reproduces the second workbook tab. Update the Bill To section for the responsible college or department before distribution.

Invoice

Big Red

1 Big Red Way
Bowling Green, KY 42101
Phone
E-mail

Date

3/23/2027

Bill To:

Office of the Provost
Western Kentucky University
1906 College Heights Blvd. #11008
Bowling Green, KY 42101-1008
270-745-2479
jessica.dunnegan@wku.edu

Reviewers have the option to submit up to two invoices. An invoice may be submitted to provide reimbursement for any travel expenses incurred prior to the campus visit. A second invoice may be submitted for final expenses and payment.

DESCRIPTION	AMOUNT
Biology 525 / 617 / 056 Chair	\$ 2,250.00
2/25/27 Southwest flight LA to BNA	\$ 435.36
baggage	\$ 70.00
Mileage to airport	\$ 14.70
Avis Rental Car	\$ 123.63
rental car fuel	\$ 62.00
Total	\$ 2,955.69

PERSONAL SERVICE CONTRACT INVOICE FORM
GOVERNMENT CONTRACT REVIEW COMMITTEE
LEGISLATIVE RESEARCH COMMISSION

Pursuant to KRS 45A.695, **no payment shall be made on any personal service contract** unless the individual, firm, partnership, or corporation awarded the personal service contract submits its invoice for payment on a form established by the committee.

Invoices shall be submitted every ninety (90) days, unless the personal service contract specifies a different submission time period.

Separate invoices shall be submitted for each distinct matter covered by the personal service contract, and shall be signed by the individual responsible for that matter

The issuance of an invoice to the Commonwealth constitutes an affirmation by the individual, firm, partnership, or corporation awarded the personal service contract that the invoice truly and accurately represents work actually performed, and the expenses actually incurred.

The head of the contracting body shall approve the invoice, indicating that the charges in the invoice reflect the value of the work performed, and all recorded costs and disbursements were reasonably and necessarily incurred in connection with the matter invoiced.

NOTE: All questions must be answered fully. If the space provided is insufficient, additional pages should be attached referencing the specifically numbered item. Any questions regarding the invoice requirements should be directed to the contracting agency.

Contract Number: PS#271632 Date of Invoice: 3/23/27

WKU Ogden College Biology Dept
 Contracting Body Division, Branch, etc.

1. Name & Address of Contractor:

Big Red
 1 Big Red Way, BG KY 42101

2. Contractor's Tax I.D. Number: see contract

3. Effective Period of Contract:

Starting Date: Jan 2027
 Ending Date: June 2027

4. Combined Total Amount Charged in this

Invoice for Services and Reimbursable
 Disbursements: 2955.69

5. Dates of Service Covered under this invoice:

Starting Date: 3/15/27
 Ending Date: 3/17/27

6. Is this the FINAL invoice for services performed under this contract:

☒ Yes ☐ No

Appendix G
Personal Service Contract Invoice Form Page 2

7. Date of most recent invoice submitted prior to this invoice: n/a

8. How often is the contractor required to submit invoices under the terms of the personal service contract:

They may submit twice. Once for travel and then for the service fee and other travel expenses.

9. Provide a description of the matter covered by this invoice:

External Reviewer for Academic Program Review.

10. Provide a full description of each service provided, including the date each service was performed, the name and title of each individual who worked on the matter, and the time the individual spent on the matter:

See invoice and contract details

11. Provide the hourly rate for each individual working on the matter and the total charge for that individual for each matter involved:

N/A - contracted services, paid at a flat rate.

12. Provide the subject matter and recipient of any correspondence:

See state approved contract. APR reports to Depts, Deans, and AVP.

13. Provide a full description of any work product produced, designating the way in which the work product is associated with the matter being invoiced. (Attorneys Billing for Legal Services: If you contend that any information is subject to privilege, please identify the privileged item, and provide sufficient information to evaluate the claim of privilege):

Academic Program Review External reviewer

14. Provide an itemized list of all disbursements to be reimbursed by the state for each matter invoiced and the total charge for that matter:

See invoice.

SIGNATURES:

Contractor: _____

Date: _____

Title: _____

Contracting Body

Approved by: _____

Date: _____

Title: _____