



**AGREEMENT**  
BOG-48 (Rev.11/26/2024)

Purchase Order #

I, \_\_\_\_\_, agree to perform  
(Name and address)  
the following service(s) for Marshall University at \_\_\_\_\_  
(Department and/or Location)  
\_\_\_\_\_  
(Detailed description of services to be performed)  
\_\_\_\_\_  
\_\_\_\_\_

Date(s) of Service: from \_\_\_\_\_ to \_\_\_\_\_  
The rate of pay shall be \_\_\_\_\_ per \_\_\_\_\_ not to exceed \$ \_\_\_\_\_ for  
the entire term of the contract.

**NOTE: Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor.**

The following certification must be completed and signed if the vendor is a full-time employee of the State of West Virginia.  
Please check the appropriate box below:

I am **not** currently a full-time employee of the State of West Virginia;

I **am** currently a full-time employee of the State of West Virginia (complete certification below).

It is hereby certified that the services to be performed under this agreement will not interfere with or detract from the full-time duties of the employee and the amount of annual compensation received by the above named vendor from the State of West Virginia for full-time employment during the current fiscal year will be \$ \_\_\_\_\_. The vendor serves as \_\_\_\_\_  
(Position)  
with the title of \_\_\_\_\_, certified by \_\_\_\_\_  
(Supervisor's Signature)

**GENERAL TERMS AND CONDITIONS:** "Marshall University General Terms and Conditions-Non-Construction" are located on Marshall's Office of Purchasing website at <https://www.marshall.edu/purchasing/terms-and-conditions/>. The applicable terms are hereby made a part of this agreement and are specifically incorporated herein by reference. By signing this agreement, Vendor certifies that it has reviewed the applicable Terms and Conditions, fully understands them and agrees to be bound by their provisions.

**NOTE: This form must be fully executed and approved prior to any work being performed.**

**APPROVED BY:**

Agency: \_\_\_\_\_  
(Authorized Signature of Agency)  
\_\_\_\_\_  
(Title)  
\_\_\_\_\_  
(Date)

Vendor: \_\_\_\_\_  
\_\_\_\_\_  
(Vendor's Signature)  
\_\_\_\_\_  
(Social Security or FEIN)  
\_\_\_\_\_  
(Date)