

**UNIVERSITY OF KENTUCKY  
INDEPENDENT CONTRACTOR/CLIENT  
SCOPE OF WORK FORM**

Date: \_\_\_\_\_

**Independent Contractor/Client**

Name (full legal name) \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_

**Scope of Work**

Date(s) service is to be provided: Start \_\_\_\_\_ End \_\_\_\_\_

Maximum dollar amount for scope of work \_\_\_\_\_

Payment Terms \_\_\_\_\_

Description of work to be performed \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Payment Schedule** (Provide dates of periodic payments if applicable.) Invoice(s) are to be mailed to the address below.

\_\_\_\_\_

**Division/College/Department**

Name \_\_\_\_\_

Address \_\_\_\_\_

Address \_\_\_\_\_

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Signature \_\_\_\_\_