


TEXAS A&M UNIVERSITY-CORPUS CHRISTI

Quote for Services

This quote for services must be used if the vendor or person is using a Vendor ID or Social Security Number for payment of services rendered and/or associated travel. Please see #1 for more instructions on page 3.

1. Name of Vendor providing services and address: See Instruction Note 1.	2. Last 4 Digits of Vendor Identification Number or Social Security Number: _____	
3. Must be filled out or will be returned to department. 3a. Is vendor a state employee? <input type="checkbox"/> Yes <input type="checkbox"/> No 3b. If "yes," are they on state time while acting under this quote for service? <input type="checkbox"/> Yes <input type="checkbox"/> No If you answer "Yes" to 3b, see Human Resources, payment as a Vendor cannot be used for additional compensation to an employee.		
4. Must be filled out or will be returned to department. Has vendor been employed with Texas A&M Systems or any of its components within past 12 months? ** <input type="checkbox"/> Yes <input type="checkbox"/> No NOTE: System Regulation 25.99.03 Contracting for External Consults and Professional Services 1.6. Prior Employment with State Agencies or Institutions 1.6.1 None of the funds appropriated (State) to the System or any of its components may be used to enter into a consultant or professional services contract with any individual who has been employed by the System within the past 12 months. **If you answered "Yes", STOP! You must go through Human Resources to process payment.		
5. Total Amount for Services: _____ For Vendor Travel Card _____	6. Account No.: _____ _____ Object Code: _____	7. Purchase Order Number: _____
8. Dates of Services: (mm/dd/yy): Start: _____ End: _____		
9. Type of Service Work: (Select and put in FAMIS)		
10. Reason for using this workforce instead of TAMU-CC workforce: (check all that apply and put in FAMIS)		
<input type="checkbox"/> Temporary peak in work requiring additional staff <input type="checkbox"/> Additional workload caused by job vacancies /absences <input type="checkbox"/> Labor intensive special project <input type="checkbox"/> Cost reduction/savings <input type="checkbox"/> Highly specialized duties <input type="checkbox"/> Productivity will be increased <input type="checkbox"/> Lack of qualified applicants <input type="checkbox"/> Ensure objectivity/avoid conflict of interest <input type="checkbox"/> Other conditions		
11. Description of services to be rendered: (Attach separate page if necessary)		
12. Expected Results and Information of Services Performed: (Attach separate page if necessary)		
13. Basis for Payment or Lump Sum Determination: <u>Refer to Page 2 to enter detail costs</u>		

Dispute Resolution Process: The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by Texas A&M University-Corpus Christi and vendor provider to attempt to resolve all disputes arising under this terms of quote. The designated individual at the University for examining any claim or counterclaim and conducting any negotiations related thereto as required under Chapter 2260.053 Subtitle F, Title 10 of the Government Code shall be the Director of Procurement and Disbursements.

Signatures: I certify that statements 3 & 4 are correct and accept terms of quote.

14. Vendor's Signature _____
Date

15. University Department Head Approval or
Designee's Acceptance of Quote _____
Date

(Please attach the Twenty-factor checklist sheet if the vendor is to be paid by Social Security Number and type of service requires form.)

13. Page 2 of TAMU-CC for detail Costs:

SERVICES COMPENSATION:**

Number of Hours _____ @ _____ rate = \$ _____

or

Lump Sum Payment \$ _____

**** Line item 1 on Requisition or Purchase Order**

IF NO FEE IS INVOLVED, NO TWENTY FACTOR TEST IS REQUIRED.

TRAVEL COMPENSATION: Using object code 5460, 5434, or 6370

NOTE: Actual meals can be paid up to the amount allowed by [General Services Administration \(GSA\)](#) rates found in [Texttravel](#) which only are applied under State of Texas Rules and Regulations. Tips are allowed on Gifts or other institutional accounts if Expenditure Guidelines were followed. No tips are allowed on State Accounts. No alcohol is allowed on any quote for travel. See Card Services to obtain DART Card, x 5767. The amounts on this section can be modified or changed by department after the original receipts have been submitted. The department is to draw a line through the original amount, write the correct amount next to it and initial by amount.

NOTE: Employee object codes 3XXX are not allowed on this form.

<u>Estimated Amounts:</u>	<u>Vendor Reimbursed</u>	<u>Paid by DART Card</u>
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Airfare:	_____	_____
Hotel:	_____	_____
Meals: (GSA)*	_____	_____
Car Rental:	_____	_____
Mileage	_____	_____
Parking	_____	_____
Other	_____	_____
Total:	_____	_____

Each of these will be a separate line item on the same requisition or purchase order.

***Provide a copy of the GSA Rate Sheet, if yes.**

OTHER EXPENSES COMPENSATION: Using object code 5460 or 5434

NOTE: Receipts must be submitted for all payments. No overhead or calculation charges allowed.

Photocopies:	_____
Supplies:	_____
Postage:	_____
Delivery/Courier:	_____
Other:	_____
TOTAL	_____

Total dollar amount for services: _____ (This section is to be entered on first page, Section 5)

Breakdown:

_____ For Vendor This section is for amount to pay directly to vendor.

_____ Paid by DART Card This section is for the amount paid by DART Card.
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Instructions for Completing the Texas A&M University-Corpus Christi Quote for Services

This form is to be used to provide the scope of work, terms of service and payment and/or reimbursement terms when a vendor does not have their own contract or quote form and is ≤ \$ 5,000.00 This form is used to understand what will be invoiced.

1. **Name of Vendor providing services and address:** Enter name and address of the vendor. If non-state employee, use vendor services form for incoming travel and fee(s) and if State employee, refer to No. 3.
2. **Vendor Identification Number:** If using vendor identification number, enter the last four (4) digits. If vendor is to be paid by Social Security Number just enter the last four (4) digits. If you go into FAMIS and cannot locate vendor identification number, contact Accounts Payable at ext. 2780 or via e-mail at accounts.payable@tamucc.edu. If using Social Security Number for the vendor provider, you must submit 20 factor checklist (if applicable service used). This checklist can be found on the purchasing website under forms. (Twenty Factors Relationships checklist)
3. **System Policy** in regards to current employee vs. an independent worker. If you are a state employee and on state time, you must go through Human Resources to be paid as an employee. Note if you have an employee of the State of Texas, their travel must be paid for through Concur. State Employee's Expense Reimbursement such as supplies, but not travel, and over \$100.00 or Petty Cash procedure should be used.
4. **Prior State Employment Verification:** If you have been employed with Texas A&M University or any of its components within the past 12 months, then you must go through Human Resources to process payment.
5. **Amount for Services:** Total amount for services. Please specify on vendor services form whether expenses are billed by the vendor or travel card. Fees and associated travel expenses must be itemized and included on one vendor services form for each performance of work.
6. **Account No. and Object Code:** Enter the appropriate account number and object code. Lecturers do not require a twenty-factor test since this is considered a one-time event. For object code 5460, please refer to page 2 under Travel & Other Expenses Compensation
7. **P.O. Number:** Enter the appropriate purchase order number if \$5,000 and under
8. **Dates of services:** Begin and End dates for services
9. **Type of Service Work:** Must identify type of service that is being performed. The object code numbers are for the department to enter into FAMIS. NOTE: The limit for this quote is \$5,000 and under. If using object code 5435 or 5670 for either lecturer or entertainers/performers, the twenty-factor test is not required to be submitted with the quote for processing.
10. **Reason for Workforce:** Must be able to justify why such vendor is requested.
11. **Description of Service:** Give statement of services to be rendered. Note: Must be more than one sentence. Vendor cannot attach or submit any terms or condition to this form.
12. **Expected Results and Information of Services Performed:** What will be obtained by the results after these services are performed.
13. **Basis for Lump Sum Determination:** Document how the total amount or hourly rate was determined.
14. Signature required by person performing the work regardless of the dollar amount.
15. University Department Head Approval or Designee's Acceptance of Quote