

**Short Term Limited Scope Service (STLS)  
Agreement and Express Invoice**

Use only for services up to \$5,000.00 provided by an individual/sole proprietor.  
If services costs more than \$5,000.00, please have the department enter a requisition.

For use for the following services only, check appropriate box:

- Accompanists   
  Art Model   
  Guest Artist/Lecturer   
  Honorarium   
  Participant (FOR GRANT USE ONLY)  
 Note taker   
  Referee   
  Sign Language Interpreter

Other: \_\_\_\_\_

**Payee Information:**

Vendor Data Record Form:  On File     Attached

Name: \_\_\_\_\_

**\*NO PAYMENT WILL BE ISSUED WITHOUT A COMPLETED VDR.**

Address: \_\_\_\_\_

Tax Payor ID # or Last 4 digits of SSN # : \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**Check Delivery Instructions:**

- Mail to Payee   
  Pick up at Cashier's Office

Department Name: \_\_\_\_\_

Did not drive to University

Department Contact: \_\_\_\_\_

Used Public Transportation     Lives on Campus

Contact Phone #: \_\_\_\_\_

Does not provide this service as primary function for coming to Campus

**\*\*A PROOF OF VALID/CURRENT AUTO INSURANCE IS REQUIRED TO PROTECT THE UNIVERSITY FROM ANY LIABILITY.**

Account	Fund	Dept. ID	Program	Class	Project/Grant***	Total Due:
						_____

\*\*\* Please attach multiple cost lines on a separate sheet.

Date of Service: \_\_\_\_\_ Total Hours of Service: \_\_\_\_\_

Date: