

Service Contract Input and Modification Form



University of Massachusetts

Department/Organization Name: _____

DOCUMENT ID					
Trans	Dept	R/Org	Number	Date	Action
<input type="checkbox"/> SC <input type="checkbox"/> SM					<input type="checkbox"/> Entry (E) <input type="checkbox"/> Modify (M)

Acctg Prd	Bud FY	Rush Ind	Vendor Code	Name	Vend Type	Contract Renewal Indicator

Ready Payment Number	Ready Payment Start Date	Ready Payment End Date	RP School ID	Contract Bid Type

Document Total	Contract Renewal Amount	Outside Payment	Annualization

Bill To: _____ _____ Att: _____ Comments: _____ _____	Ship To: _____ _____ Att: _____ Sequence #: _____ _____
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REFERENCED DOC ID												
LN	Trans	Dept	Org	Number	LN	Ref Service Agr	Dept	Orgn/Sub	Approp	Sub	Obj Sub	Prog

Status	TY	PRJ/CL/GRC	ACTV	RPTG	Serv Code	Serv Unit	Catalog Number	C/D Unit	Cpcty

Date of Service	O-Y Obligation	Num Units	ID	Rate	I/D	Line Amount	I/D	P/F	Ready Payment	Text
to										

The undersigned authorized signatory approving this document certifies that this document and any attachments are accurate and complete and comply with all applicable general and special laws and regulations

Prepared By: _____	Title: _____	Date: _____	Phone: _____
Approved By: _____	Title: _____	Date: _____	Phone: _____
Entered By: _____	Title: _____	Date: _____	Phone: _____

BUSINESS UNIT	FUND	DEPT ID	PROGRAM	PROJECT/GRANT	CLASS
SPEED TYPE	ACCOUNT	REF #	DESC		AMOUNT

Commonwealth of Massachusetts University of Massachusetts Standard Contract Form and Instructions on file