

**PUR-CR  
CONTRACTOR INFORMATION**

**REQUISITION #:** \_\_\_\_\_

Contractor or Individual Name: \_\_\_\_\_

Please answer the following questions:

1. Is the Contractor using a current employee of a Louisiana state agency or state university, other than LSU, in the performance of this contract?

Yes No

*If yes, please enter the following information:*

Employee: \_\_\_\_\_

Agency or University: \_\_\_\_\_

Job Title: \_\_\_\_\_

2. Is the Contractor a legal entity, a child, spouse, brother, spouse of brother, sister, spouse of sister, parent, spouse of parent, or parent of spouse of an LSU employee who will take part, or share responsibility, for action of LSU through approval, disapproval, decision, recommendation, rendering advice, investigation or failure to act or perform a service with respect to the proposed contract?

Yes No

3. Do you, or any of the individuals listed above have ownership interest in the Contractor?

Yes No

4. Is the Contractor a Non-Resident Alien (Not a US Citizen)?

Yes No (N/A if Contractor is a company)

*If yes, contact Accounts Payable Office for requirements (578-1550). Compliance with FASOP: AS-04 is required and must be met **prior** to contracting. Available on the internet at:*

<http://www.lsu.edu/administration/ofa/fasops/FASOPAS04.pdf>

5. Is the Contractor a current LSU employee or does an LSU employee have an ownership interest in the Contractor?

*If yes, attach a completed PM-11 or PM-67.*

Yes No

6. Will the Contractor employ a current LSU employee?

Yes No

*If yes, attach a completed PM-11 or PM-67.*

7. Has the Contractor been an employee of LSU in the past two years?

Yes No

8. Is the Contractor a current or retired member of Teachers Retirement System of LA?

*If yes, contact Payroll Office - 578-3321*

Yes No

9. Will the Contractor perform work within the State of Louisiana for more than 30 days of the contract term?

Yes No

*If yes and the Contractor is a Corporation, Contractor will be required to register with the LA Secretary of State's Office. See <http://www.sos.la.gov/BusinessServices/FileBusinessDocuments/Pages/default.aspx>.*

**PAYMENT TERMS**

10. Will travel expenses be reimbursed to the Contractor?

Yes No

11. Will travel expense be paid to others on the Contractor's behalf, such as Lod Cook?

If yes:

Yes

No

- What is the estimated amount? \_\_\_\_\_

- Attach a copy of the AS516 to the requisition.

See <http://www.lsu.edu/administration/ofa/oas/acctpay/pdfs/as516.pdf>

**If this contract exceeds \$50,000, a justification for the selection of this contractor must be attached.**

12. Is this contract funded from State funds?

Yes

No

If yes, what amount should be paid in each fiscal year?

Fiscal Year \_\_\_\_\_ Amount \_\_\_\_\_

Fiscal Year \_\_\_\_\_ Amount \_\_\_\_\_

Fiscal Year \_\_\_\_\_ Amount \_\_\_\_\_

Fiscal Year \_\_\_\_\_ Amount \_\_\_\_\_

13. How will services be paid to the Contractor?

One lump sum payment upon completion of services

\$\_\_\_\_\_ Hourly; \$\_\_\_\_\_ Daily; \$\_\_\_\_\_ Weekly; \$\_\_\_\_\_ Monthly

Multiple installments based on specific time frames (must provide date/amounts of payments below or as an attachment)

Multiple installments based on completion of tasks (must provide details/amounts/tasks/dates below or as an attachment)

**The total of payment installments must equal the maximum amount entered on the requisition.**

Payment Details: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. This is the information used to contact the Contractor for contract signature or forms.

Supplier Contact Name: \_\_\_\_\_

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

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_

**COST CENTER MANAGER**

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_