

AGENCY DELEGATED AGREEMENT

Purchase Order # _____ wvOASIS Vendor/ Customer # _____

I, _____, agree to perform the following services
for _____ at _____
(Name and address) *(Agency)* *(Location)*

(Detailed description of services to be performed)

Date(s) of Service: from _____ to _____.
The rate of pay shall be _____ per _____ not to exceed
\$ _____ for the entire term of the contract.

NOTE: Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor. The following certification must be completed and signed if the vendor is a full-time employee of the State of West Virginia.

Please check the appropriate box below:

- I am **not** currently a full-time employee of the State of West Virginia;
- I **am** currently a full-time employee of the State of West Virginia (complete certification below).

It is hereby certified that the services to be performed under this agreement will not interfere with or detract from the full-time duties of the employee and the amount of annual compensation received by _____ (above named vendor) from the State of West Virginia for full-time employment during the current fiscal year will be \$ _____. The vendor serves as _____ with the title of _____, certified by _____
(Position)
(Supervisor's Signature)

GENERAL TERMS AND CONDITIONS: The General Terms and Conditions for Agency Delegated Master Terms and Conditions located on the Purchasing Division's website at <http://www.state.wv.us/admin/purchase/TCA.pdf>, ("Terms and Conditions") are hereby made a part of this agreement and are specifically incorporated herein by reference. By signing this agreement, Vendor certifies that it has reviewed the Terms and Conditions, fully understands them, and agrees to be bound by their provisions.

APPROVED BY:

Agency _____

(Authorized Signature of Agency)

(Title)

(Date)

Vendor _____

(Vendor's Signature)

(Title)

(Date)