

Agreement for Services Rationale & Scope of Services

Name					
Department					
Amount Requested	\$	Preferred Vendor			
Program Date		Program Time			
Program Title					
Program Category	Educational	Inclusion	Wellness	Engagement	Service/Leadership
Targeted Audience					
Program Description					
Learning Outcomes					
Rationale for Vendor of Choice					
Additional Payment Information	(Detail information regarding services provided & submission of invoice(s) and payments)				
Please describe in detail how the funds requested would be utilized					
	Authorized Signature			Date	
Director Student Life					
Director Retention & Transfer Services					
Additional Approval if applicable					