

To Generate a Contract



All fields must be completed before submitting

Complete and return to:
Diane Huettl
Office of Finance and Administration, WA238
Minnesota State University, Mankato

Company or Individual

Name and Address **(No P.O. Boxes)**

Phone _____ Email _____

When Work Begins _____ When Work Ends _____

Responsibilities (Attach additional information if necessary)

Contact Name and Phone _____

University's Responsibilities (if any)

Amount to be Paid to Company or Individual \$ _____

Reimbursement Amount Yes No If Yes, what amount? \$ _____

Reimbursement amount may be added directly to the "Amount to be Paid" and no receipts will be needed.

Total Amount of Contract \$ _____

Department _____

Department Contact Person _____

Purchase Order No. _____

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