

University of North Texas Testing/Service Agreement Form

Upon completion, save the form, attach the initial proposal, and route the saved document to applicable persons for approval.

College Business Officer will submit form to additional interested parties for review and approval (Vendor, CFO).

	Proposal	
Start Date:	End Date:	
Sponsor Deadline:		
Physical Research Location (Building, Room):		
Sponsor Name:		
F	aculty Member	
Name:		
Phone:	Email:	
College:	Department:	

Guidelines

Faculty Member:

I certify that:

- The information in this agreement is true, complete and accurate to the best of my knowledge.
- All commitments (space, students, and others) have been reflected on the budget builder.
- This project shall be conducted as specified in the award letter.
- I will accept primary responsibility for the scientific and fiscal administration of the project in compliance with all University policies.
- I will provide required progress reports to the sponsor in a timely manner.
- I will not in the future work as a consultant for this client for the purpose of analyzing the data delivered under this agreement.
- The attached testing services agreement/statement of work reflects the entire agreement between the client and me.

Budget Officer:

I certify that I have reviewed this proposal in its entirety and approve all administrative support, faculty assignment(s) and release time, matching commitments.

Chair(s):

I certify that I have reviewed this proposal in its entirety and approve all administrative support, faculty assignment(s) and release time, matching commitments.

Dean(s):

I certify that I have reviewed this proposal in its entirety and the eligibility of the faculty member, and agree with the commitments on this proposal.

Signatures		
Faculty Member:	Date:	
Business Officer:	Date:	
Department Chair:	Date:	
Dean:	Date:	