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**STATEMENT OF WORK**

This Statement of Work (“**SOW**”) is between **The** **University of Puget Sound** (“**Puget Sound**”) and **Click and Enter Contractor Full Legal Name** (“**Contractor**”). This SOW is being entered into under, and is governed by, that certain Medical Services Agreement between the parties dated as of Click Down Arrow and Select Agreement Effective Date (referred to in this SOW as the “**Agreement**”). This SOW is effective as of Click Down Arrow and Select SOW Effective Date (the “**SOW Effective Date**”).

Capitalized terms used but not defined in this SOW have the meanings given in the Agreement.

The parties agree as follows:

1. All $ dollar amounts are stated in US Dollars.
2. **Detailed Description of Services and any Deliverables**.
3. **Service Fees, Payment Amounts, and Invoicing Schedule**.

Contractor shall look exclusively to Puget Sound for payment for the Services rendered hereunder and shall not bill any student, staff, or third party provider for such Services. Contractor hereby assigns to Puget Sound all fees attributable to Services provided by the Contractor pursuant to this Agreement, with full authority in Puget Sound to collect such fees and to enforce payment by all legal means.

1. **Term of SOW**. The term of this SOW will begin on the SOW Effective Date and, unless earlier terminated in accordance with the Termination of Agreement Section of the Agreement, will continue through Click Down Arrow and Select SOW End Date.
2. **Expenses.** *[Preferred:]* The Service Fees and other amounts identified in this SOW are inclusive of travel and travel-related expenses (“Expenses”) and Puget Sound will not reimburse Contractor separately for such Expenses. *[Option 2:]* Puget Sound will reimburse Contractor for reasonable and actual travel and travel-related expenses (“Expenses”) incurred by Contractor in connection with the performance of the Services up to Click and Enter Maximum Expense Amount. If additional Expenses are necessary to the performance of the Services, Contractor will seek pre-approval by Puget Sound in writing prior to the date they are incurred. If requested by Puget Sound, Contractor will provide receipts or other documentation to substantiate Contractor’s Expenses.
3. **Puget Sound Designated Representative.** Puget Sound designates the following individual as its manager who shall have overall responsibility for directing and managing the Services performed and all Puget Sound interaction with Contractor under this SOW (“Manager”). Puget Sound will give Contractor notice of any change in such Manager.

Name: Click and Enter Puget Sound Representative Name

E-Mail:Click and Puget Sound Representative Email

Contact Telephone**:** Click and Enter Puget Sound Representative Phone

1. **Contractor Contact Information:**

Name:Click and Enter Contractor Representative Name

E-Mail:Click and Enter Contractor Representative Email

Contact Telephone:Click and Enter Contractor Representative Phone #

1. *[Remove if not applicable]* **Addresses for Delivery of Invoices and Payments.** If different from the addresses for Notices in the Notices Section of the Agreement, invoices and payments must be sent to:

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| --- | --- |
| Delivery of Invoices to Puget Sound: The University of Puget Sound1500 Warner Street # Click and Enter CMB #Tacoma, Washington 98416ATTN: Click and Enter Attn to Name | Delivery of Payments To Contractor:Contractor Name Click and Enter Mailing AddressClick and Enter City, State and ZipATTN: Click and Enter Attn to Name or Remove if N/A |

The parties have executed this SOW by their authorized representatives and intend it to be effective as of the SOW Effective Date.

This SOW is hereby incorporated into the Agreement and is subject to all of its terms and conditions.

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| **THE UNIVERSITY OF PUGET SOUND** |  | Contractor Full Legal Name |
|  |  |  |
| BY: |  | BY: |
| (Authorized Signature) |  | (Authorized Signature) |
| NAME: Click and Enter Name of Signatory |  | NAME: Click and Enter Name of Signatory |
| (Print or Type Name of Signatory) |  | (Print or Type Name of Signatory) |
| TITLE: Click and Enter Title of Signatory |  | TITLE: Click and Enter Title of Signatory |
| (Title) |  | (Title) |

|  |  |
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|  |  |
| And BY: |  |
| (Authorized Signature) |  |
| NAME: Click and Enter Name of Signatory |  |
| (Print or Type Name of Signatory) |  |
| TITLE: Click and Enter Title of Signatory |  |
| (Title) |  |