

State of West Virginia  
Purchasing Division  
**Agreement**

Purchase Order  Department  Banner Fund.:  **2020 0489 09900 H122**

Team Vendor No  OASIS Vendor No.:

I,  agree to perform the following services for WV Northern  
(Name and Address)

Community College at   
(Location of Service)

**Description of service to be received:**

**Date(s) of Service:** From  To:

The rate of pay shall be  not to exceed  for the entire term of the contract.

**NOTE: Any participated 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 the 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 \_\_\_\_\_  
(Supervisor's Signature)

APPROVED BY:

**Agency:** WV Northern Community College

**Vendor:** \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature of Agency)

\_\_\_\_\_  
(Vendor's Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Social Security No. or FEIN)

Date: \_\_\_\_\_

Date: \_\_\_\_\_