

THE LAWRENCE Professional Service Agreement (PSA) Initial Questionnaire Form

REQUESTOR:

- Please complete this form. **NOTE:** Only reference one vendor per form
- Schedule a consultation with LHS Commodities Purchaser, Virginia Aban, via zoom
- Please have this completed form readily available for your consultation appointment

Scheduled Consultation Date						
Requestor/ PI/ PD Name						
Requestor Email						
Description of Service						
Vendor Information if Known	<p>Vendor Name:</p> <p>Vendor Contact Name:</p> <p>Vendor Contact Email:</p> <p>Vendor Contact Phone Number:</p> <p>Is the vendor A Company</p> <p style="text-align: right;">An Individual</p>					
Estimated Amount of Service Agreement						
Charging an Extramural Contract or Grant?	Yes	No	Project Summary Attached?			
			YES	NO		
Service Period for Agreement						
Project Name						
Chart of Accounts (COA)	Account	Fund	Dept	Pgm	CF1	CF2
	56729					
Financial Analyst Approval & Budget	FA Initials:		Budget Attached?			
			YES			NO

THIS SECTION FOR LHS COMMODITIES PURCHASER USE ONLY:

Comments				
Client Suggested Date to Send Vendor Welcome Packet		Date Vendor Welcome Packet Sent		LHS Buyer Initials: