



DUAL SERVICE PROPOSAL SUMMARY FORM

Use this form when a UofM Employee is to Provide Services to a State Agency or State Institution.

INSTRUCTIONS:

1. Complete and sign the form. Obtain appropriate signatures.
2. Return form to Office of Sponsored Programs (315 Administration).
3. After you receive an account number from Accounting and services have been completed, the extra comp form can be initiated.
4. If you have questions, email Stephanie Thompson at osp@memphis.edu.

EMPLOYEE INFORMATION:

Name: _____

Department/Center: _____

Phone: _____

E-mail: _____

AGENCY/INSTITUTION INFORMATION:

Name: _____

ATTN: _____

Street Address: _____

Bldg/Room: _____

City, State ZIP: _____

Phone Number: _____

DESCRIPTION OF SERVICE: _____

BUDGET DATA

CURRENT PERIOD

Requested Start Date: _____

Requested End Date: _____

Salary amount to be reported on extra comp form: \$ _____

Requested Fringe Benefits: \$ _____ (_____ %)

Total Requested Costs: \$ _____

POLICIES AND PROCEDURES: By signature below, I certify that I understand that the expenditure of funds received for the Dual Service Agreement is subject to The University of Memphis Policies and Procedures.

Signature:

Printed name:

Date:

Employee: _____

Chair or Supervisor: _____

Dean: _____