



PROFESSIONAL SERVICES AGREEMENT

Date of Agreement:

Name/Contact Person:

Agency/School/organization:

Mailing Address:

City/Zip:

Phone Number:

Alternate Phone Number:

E-Mail Address:

Fax Number:

Requests the following services from the Wyoming Accessibility Center

WIND Assistive Technology Resources (WATR) consultation to review an individual’s assistive technology needs @ \$100 per contact hour with a client (plus travel expenses from Lander or Laramie)

Location of consultation:

Date consultation needed:

Name or ID# of individual:

Anticipated number of contact hours:

WIND Assistive Technology Resources (WATR) Training @ \$100 per contact hour of training (plus travel expenses from Lander or Laramie)

Location of training:

Date(s) of training:

Anticipated number of contact hours:

WIND Assistive Technology Resources (WATR) Technical Assistance @ \$100 per contact hour of technical assistance (plus travel expenses from Lander or Laramie)

Location of technical assistance:

Date technical assistance needed:

Anticipated number of contact hours:

Accessible materials (Wyoming NIMAS Clearinghouse) conversion @ \$1.00 per page

Approximate number of pages:

Converted from:

Converted to:

Date needed:

Anticipated number of contact hours:

Accessible materials (Wyoming NIMAS Clearinghouse) training or technical assistance @ \$100 per contact hour of training or technical assistance (plus travel expenses from Laramie or Lander)

Location of training or technical assistance:

Date of training or technical assistance needed:

Anticipated number of contact hours:

By signing below, I authorize WIND to prepare and deliver the services indicated above. I agree that my organization or agency will be responsible for the payment for these services.

Signature

Date

Wyoming Accessibility Center Use Only

WAC Coordinator of this project:

Other WAC Staff who will be involved in delivering these services:

Date services will be delivered:

Travel date(s):

Other notes:

Wyoming Accessibility Center Use for Billing Purposes Only

Date services were delivered:

WAC Project Coordinator for this work:

Professional hours to be billed:

WAC staff: @ number of hours

WAC staff: @ number of hours

WAC staff: @ number of hours

Travel expenses:

WAC staff:

- Bill entire travel for these dates
- Bill as follows:

WAC staff:

- Bill entire travel for these dates
- Bill as follows:

WAC staff:

- Bill entire travel for these dates
- Bill as follows:

Send, fax or e-mail a signed copy of this form to:

WIND Assistive Technology Resources
Wyoming Institute for Disabilities
Department 4298
University of Wyoming
1000 University
Laramie, WY 82071
E-Mail: watr@uwyo.edu
Fax: (307) 766-2763
