

Appendix C

UTSA Project Agreement

Service Center: _____
Services Requested: _____

Services provided under the direction of _____

Client Data

Client: _____
Contact Name: _____
Contact Phone Number: _____
UTSA Account # to be charged: _____
Federal Funding: ___Yes ___No

Terms

The Client agrees to pay the Service Center or Specialized Service Center for services performed under this agreement in accordance with the attached rate schedule, not to exceed \$_____.
This agreement shall begin on _____ and end on _____.

Authorized signer for account to be charged:

Signature: _____ Date: _____

Printed Name: _____