**CONTRACT FOR SERVICES**

**I. CONTRACTING PARTIES:**

This contract and agreement is entered into by and between The University of Texas Southwestern Medical Center at Dallas, 5323 Harry Hines Boulevard, Dallas, Texas 75235, and .

**II. STATEMENT OF SERVICES TO BE PERFORMED:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ shall provide the services of , who will , under Grant No. , UT Southwestern Principal Investigator .[describe services].

**III. TERMS OF AGREEMENT:**

This agreement shall be effective through . The contract may be terminated by either party prior to the scheduled termination with thirty (30) days written notice to the other party.

**IV. CONTRACT AMOUNT**

The total amount of this contract shall not exceed and NO/100 DOLLARS ($) per annum.

**V. BASIS FOR CALCULATING REIMBURSABLE COSTS:**

Salary $
Fringe Benefits $
Total Direct Costs $

**VI. PAYMENT FOR SERVICES:**

Payment for services performed shall be made on the basis of approved certified vouchers submitted monthly to: Grants Accounting, The University of Texas Southwestern Medical Center at Dallas, 5323 Harry Hines Boulevard, Dallas, Texas 75235-9020.

**RECEIVING AGENCY:**

The University of Texas at (component)

(UT Contact Name)
Title:
Date:

**PERFORMING AGENCY:**

Title:
Date:

I have read this agreement and understand my obligations hereunder.

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Principal Investigator



**MODIFICATION NO.**

This Modification is issued to the Contract of Services signed on between The University of Texas Southwestern Medical Center at Dallas and . The purpose of this Modification is , under Grant No. , UT Southwestern Principal Investigator .

The following clauses are changed:

**III. TERMS OF AGREEMENT:**

The period of performance of this contract shall be extended for the period of through .

**IV. CONTRACT AMOUNT:**

The total amount of this contract shall not exceed $.

**V. BASIS FOR CALCULATING REIMBURSABLE COSTS:**

ALL OTHER TERMS AND CONDITIONS OF THE ORIGINAL CONTRACT OF SERVICES REMAIN IN FORCE AND ARE UNCHANGED.

**IN WITNESS WHEREOF**, the parties hereto have executed this Modification as of the day and year first written.

**THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER AT DALLAS**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Peter H. Fitzgerald
Executive Vice President for
Business Affairs

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Date

I have read this agreement and understand my obligation hereunder

By\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
Principal Investigator