

**UC San Diego Independent Contractor/Consultant  
STATEMENT OF WORK**

1. **Funding Source:** Non Federal          Federal

**Please complete for Federal funding only:**

Prime Sponsor:

Agreement/Grant #:

UC San Diego PI:

Project Title:

FAIN #:

Award Budget Period:

Award Project Period:

2. **UCSD Sponsoring Department:**

3. **Supplier Name:**

4. **UCSD Project Manager:**

5. **Supplier's Project Manager:**

6. **Period of performance:** \_\_\_\_\_ to \_\_\_\_\_

7. **Location of Services:**

8. **Scope of Work:** Be sure to include specific deliverables and project timeline with milestone.

9. **Payment Rate:**

10. **Total not to Exceed:** \$

11. **Does an Employee-Vendor Relationship exist?** YES          NO

**If yes,** please complete the next page, UC Procurement Services Report and Certification of Proposed Transaction Involving a Potential Conflict of Interest form for each UC affiliate.

12. **Attach a copy of any written proposals, quotes, or any other documentation that exists between the University and the supplier.**

Please note the Supplier shall submit their invoice(s) electronically through UC San Diego with the Purchase Order (PO) number written on them. Please visit [IPPS.ucsd.edu](http://IPPS.ucsd.edu) for invoicing resources.