



UNIVERSITY OF THE VIRGIN ISLANDS

PROFESSIONAL SERVICE AGREEMENT

Date: _____

Name of Person: _____

Title: _____

Social Security or Tax ID Number _____

Address: _____

Telephone/Fax: _____

Duration of Agreement: See Attachment

Description of Service: See Attachment

Amount of Payment of Honorarium: \$ _____

Account Chargeable: Contracted Services

Account Number: _____

Division/Department Head

Consultant

Component Head

President