

Section 4: AUTHORIZATION OF USE OF FUNDS AND CERTIFICATION OF USE.

(To be completed by project director for sponsored accounts and by org manager or authorized signer for non-sponsored accounts.)

I hereby authorize the expenditure of funds and certify that the following conditions are met:

- 1. Outside services are essential because:

- 2. The service provider was selected using the following objective criteria:

- 3. The compensation agreed to be paid in accordance with this request is justified, and was based upon:

_____ rate paid to service provider in his/her home institution;
 _____ rate customarily paid to service provider by federal and/or nonfederal contracting agencies;
 _____ other, please explain

In accordance with university policy and ARS Section 38-501 to 38-511 (conflict of interest), I certify that neither I, nor any relative of mine, will benefit financially from this outside services order.

 Signature of Org Manager or Authorized Signer
 (for sponsored accounts this must be the project director)

Date: _____

Section 5: CERTIFICATION OF COMPLETION OF SERVICES.

I certify that the named service provider has completed the services described on page 1 of this Departmental Professional Services Order form, or if I will be presenting the check to the service provider, that services will have been completed prior to presentation.

 Signature and Title of ASU Official Acknowledging Completion of Services

Date: _____