Date

Name

Address

RE: #Project Number - Name

University of Missouri – campus

Dear Name:

Enclosed are three copies of your General Consulting Agreement in connection with the above project. Sign and return all three copies of this Agreement to me at the above address. An executed copy will be returned to you after it has been approved. The current reimbursable expense budget is $15,000 and this budget may not be exceeded without written authorization from the Project Manager. Please refer to Article 9.9 of the agreement.

For your convenience, the updated version of the UM Consultant Procedures and Design Guidelines is available at:

<https://www.umsystem.edu/ums/fa/facilities/guidelines/>

When returning your executed agreements, include certificates of insurance or copies of your insurance policies verifying you are covered by:

1. Comprehensive General Liability (CGL)

A CGL policy listing "The officers, employees, and agents of The Curators of the University of Missouri" as additional insured in the amounts stated in 5.5.3

**2. Auto Liability showing Any Auto OR Hired, Owned, or Non-Owned coverage in the amounts stated in 5.5.4.**

3. Professional Liability in the amounts stated in 5.5.5.

4. Worker's Compensation (employer's liability) in the amounts stated in 5.5.6.

The certificates must state, or the policies must be endorsed to read coverage will not be canceled or altered until after the Owner has received 10 days prior written notice.

Forward all correspondence on this project to Name, Address as Project Manager. All work and changes to the original written project scope must be approved and authorized by me. Other work performed by the Consultant will not be funded

Please submit invoices for this project on your company letterhead, and identify the project name and number on the invoice to assure timely payment. All payment requests for professional services should be forwarded directly to me.

Sincerely,

Name

Title