

State of West Virginia  
Purchasing Division

WV-48 (rev. 10/04)

# AGREEMENT

Purchase Order # \_\_\_\_\_

WVFIMS Account # \_\_\_\_\_

TEAM Vendor # \_\_\_\_\_

WVFIMS Vendor # \_\_\_\_\_

I, \_\_\_\_\_, agree to perform the following services  
(Name and address)  
for \_\_\_\_\_ at \_\_\_\_\_  
(Agency) (Location)

\_\_\_\_\_  
(Detailed description of services to be performed)

Date(s) of Service: from \_\_\_\_\_ to \_\_\_\_\_.

The rate of pay shall be \_\_\_\_\_ per \_\_\_\_\_ not to exceed  
\$ \_\_\_\_\_ for the entire term of the contract.

**NOTE: Any anticipated travel must be incorporated into the vendor's fee. No travel will be reimbursed by the State and is the sole responsibility of the vendor. The following certification must be completed and signed if the vendor is a full-time employee of the State of West Virginia.**

Please check the appropriate box below:

- I am **not** currently a full-time employee of the State of West Virginia;
- I **am** currently a full-time employee of the State of West Virginia (complete certification below).

It is hereby certified that the services to be performed under this agreement will not interfere with or detract from the full-time duties of the employee and the amount of annual compensation received by \_\_\_\_\_ (above named vendor) from the State of West Virginia for full-time employment during the current fiscal year will be \$ \_\_\_\_\_.

The vendor serves as \_\_\_\_\_ with the title of \_\_\_\_\_, certified by  
(Position)  
\_\_\_\_\_  
(Supervisor's Signature)

**HIPAA Business Associate Addendum** - The West Virginia State Government HIPAA Business Associate Addendum (BAA), approved by the Attorney General, and available online at the Purchasing Division's web site (<http://www.state.wv.us/admin/purchase/vrc/hipaa.htm>) is hereby made part of the agreement. Provided that, the Agency meets the definition of a Covered Entity (45 CFR §160.103) and will be disclosing Protected Health Information (45 CFR §160.103) to the vendor.

## APPROVED BY:

Agency \_\_\_\_\_

Vendor \_\_\_\_\_

\_\_\_\_\_  
(Authorized Signature of Agency)

\_\_\_\_\_  
(Vendor's Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Social Security or FEIN)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)