

UNIVERSITY OF HAWAII  
SCHOOL OF NURSING & DENTAL HYGIENE  
SERVICES CONTRACT INFORMATION SHEET  
FOR INDEPENDENT CONTRACTORS UNDER \$15,000.00

Name: \_\_\_\_\_

Title: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

\_\_\_\_\_ Fax No.: \_\_\_\_\_

\_\_\_\_\_ E-mail: \_\_\_\_\_

Institutional Affiliation: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Scope of work to be done for SONDH:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Required documentation that should be sent to the SONDH Fiscal Office at least 2 weeks before the services are expected to start:**

Using  
UH PO

Copy of letter of invitation

Independent Contractor Questionnaire (UH Form 78)

WH-1

University of Hawaii Services Contract (OPPRM Form 63)

Contracting for Services (OPPRM Form 73)

Request for Sole Source (OPPRM Form 65)

Determination of Cost or Price Reasonableness (OPPRM Form 95)

Purchase Order

Completed PO and above backup get sent to UH OHR for approval by SONDH Fiscal Office. If OHR disapproves the PO, then the individual will need to be hired (i.e. casual hire).

Invoice needed for payment

**Notes:**

Documents in shaded area need to be completed by requestor of services. Prepayment of services is not allowed by UH.