

NORTHWESTEN STATE UNIVERSITY

Contract for Professional Services
Goals, Objectives, Performance Measure and Monitoring Plan

OCR CFMS #. _____

Requisition No. _____

Purchase Order No. _____

Budget Unit Title _____

INDEX: _____ FUND: _____ ORG: _____ ACCT: _____ PRG: _____

Contractor _____

1. GOALS AND OBJECTIVES:

2. PERFORMANCE MEASURE:

3. MONITORING PLAN:

Project Director/Budget Unit Title

Date

Applicable Vice President

Date

Approving Agent

Date

President (if applicable)

Date