**ATTACHMENT A**

**TO**

**MASTER SERVICES AGREEMENT**

STATEMENT OF WORK TEMPLATE

**STATEMENT OF WORK NO. \_\_\_**

This Statement of Work (“SOW”) is made and entered into as of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ (“SOW Effective Date”) pursuant to the Master Services Agreement date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, 20\_\_ (“Agreement”), between Regents of the University of Colorado, a body corporate, for and on behalf of the University of Colorado Denver (“CU Denver”) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (“Client”). All of the terms, covenants, and conditions set forth in the Agreement are incorporated herein by reference as if the same had been set forth herein in full. Unless otherwise defined in this SOW, defined terms shall have their respective meanings as specified in the Agreement.

1. Term: This SOW shall commence on the SOW Effective Date and continue, unless terminated earlier as provide in the Agreement, for [INSERT DURATION] or the completion of all Services under this SOW, whichever occurs sooner. The term of this SOW may be extended upon the written agreement of the parties.

2. Services: [INSERT DESCRIPTION OF SERVICES HERE]

3. Deliverables; [INSERT LIST OF DELIVERABLES HERE]

4. Fees: In consideration of the Services provided by CU Denver pursuant to this SOW, Client shall pay CU Denver a total Fee of [$X,XXX.XX]. All payments hereunder shall become due within thirty (30) calendar days of the date listed on the invoice which shall be prepared in accordance with any payment schedule attached to this SOW.

5. CU Denver shall submit an invoice to Clientupon completion of the Services. Said invoices will state the period for which payment is being requested. Invoices will be sent to:

Client name

 Client address

Payment is due within thirty (30) days of invoice date. CU Denver reserves the right to suspend services if invoices are not paid timely, in which event CU Denver will not be liable for any resulting loss, damage or expense connected with such suspension. Payment will include a **CU Denver** invoice number. Remit to:

 University of Colorado

 Skaggs School of Pharmacy

 Attn: Accounts Receivable

 12850 E. Montview Blvd. Rm 4132, C238

 Aurora, CO 80045

6. The SOW may be executed in any number of counterparts, each of which shall be deemed to be an original and all of which together shall be deemed to be one and the same instrument. This SOW may be delivered by facsimile or electronic mail in portable document format, “pdf” or other means intended to preserve the original graphic content of a signature.

 **IN WITNESS WHEREOF**, the parties hereto have caused this SOW to be executed as of the date set forth herein by their duly authorized representatives.

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| **Regents** **of the University of** **Colorado, a body corporate, for and on behalf of the** **University of Colorado** **Denver**  | **(Insert Client’s Legal Name)** |
|  |  |
| By:  | By:  |
| Name:  | Name:  |
| Title:  | Title:  |
| Date:  | Date:  |
| Federal I.D. Number: 84-6000555 |  |

**Read and Acknowledged By:**

**Project Leader**

By:

Name:

Title:

Date: