

UNIVERSITY OF COLORADO DENVER | ANSCHUTZ MEDICAL CAMPUS  
AND CHILDREN'S HOSPITAL COLORADO

**WORK ORDER**

This Work Order is entered into by and between the Regents of the University of Colorado, a body corporate, for and on behalf of the University of Colorado Denver | Anschutz Medical Campus ("University"), and Children's Hospital Colorado, a Colorado nonprofit corporation ("Contractor") (individually, "Party" or collectively, "Parties").

**New Work Order**

**Revised Work Order #**

**Revised Fields**

**Date**

<b>Project Title</b>			
<b>Principal Investigator(s)</b>			
<b>Principal Investigator Section</b>			
<b>Sponsor</b>			
<b>Period Funded</b>			
<b>Amount Funded this Period</b>			
<b>Anticipated Project Period</b>			
<b>Cumulative Amount Funded</b>			
<b>CU Anschutz Routing Number</b>			
<b>CU Anschutz Project Number</b>			
<b>CU Anschutz Speedtype</b>			
<b>CU Anschutz F&amp;A Rate</b>			
<b>COMIRB Number</b>			
<b>New Speedtype Each Year</b>	<table style="display: inline-table; border: none;"> <tr> <td style="padding: 0 20px;">Yes</td> <td>No</td> </tr> </table>	Yes	No
Yes	No		
<b>CHCO G0 Number</b>			
<b>Invoice Contact Email</b>			

1. Scope of Services. Contractor will provide the following Services in connection with the above referenced research Project. Such Services, Purchased Services from Exhibit B-1 and Leased Personnel Services from Exhibit B-2 are described in detail in Work Order Budget Template to be attached and included in this Work Order. The Work Order Budget shall be in the form of Exhibit C-1 or Exhibit C-2. **[Please refer to the Work Order Budget Template.]**
2. Service Fees and Terms of Payment. In consideration of Contractor completing the Services contemplated under this Work Order, University agrees to pay Contractor in accordance with the terms of the Research Services Master Services Agreement, dated as of July 1, 2017, by and between University and Contractor, and the related fee schedule as it may be amended from time to time.
3. Study Documents. Services will be performed according to the agreements and other documents governing this study, which are attached.
4. Study Monitoring Progress. Contractor will permit study monitors to access Contractor's facility during normal business hours to monitor the study, pursuant to the attached Study Documents.
5. Subject Injury. [Note to Drafter: Please review funding to determine any additional or lesser benefits or obligations flow to CHCO.]
6. Changes to the Protocol. The Parties will address any material changes to the protocols by negotiating an Amended Statement of Work addressing any such changes.

**University Department Fiscal Manager**

By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date: \_\_\_\_\_

**Children's Hospital Colorado**

By: \_\_\_\_\_  
 Title: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date: \_\_\_\_\_

## Marketplace Payment Voucher

1. In Marketplace home page, scroll to bottom section “showcases” select Payment voucher form under “CU Purchasing & Payment Forms” and enter the following:

- Supplier: “Children’s Hospital Colorado”
  - Select a Different Fulfillment Center
  - Select Location 366
  - Attn: Grants/Cash Management
  - 13123 E 16th Avenue
  - B148
  - Aurora, CO 80045 US

- Payee type: Non-employee
- Warrant Deliver Code: Regular mail
- Payment is being authorized for: Service Fees to medical affiliates
- Notes: Service for project, speedtype, PI, period of invoice
- Commodity Code: 13
- Add invoice to payment voucher at the bottom using the add attachment button

2. Click “Add and go to cart”

Add Speedtype and Account code: Use account code 535102-Medical Services, Click Calculate and Save

3. Click on Summary Tab

Toward bottom of page in Product Description section, click small “edit” button on right hand side to enter the Financial Report Comments. Enter the following:

MSA CHCO PEDS GRXXXXXX 3 digit FY# associated with PI – see list attached

If Non-Peds departments with CHCO work orders add in the financial report comments field:  
“MSA CHCO SOM”

SCREENSHOTS ON NEXT PAGE

You do not need to include a PO number or do receiving, nor do you need to email anything to AP Invoice. Once all steps are complete and you hit submit it will go through the approval and payment process.

Payment Voucher Form

Available Actions: Add and go to Cart Go Close

**Instructions** ?

Use this form to authorize payment for invoices when a purchase order or other commitment voucher is not applicable, per University of Colorado Fiscal Rules.

**Payment Information** ?

**Supplier** Childrens Hospital Colorado [more info...](#)  
[select different supplier](#)

**Fulfillment Address** 000001: (preferred)  
13123 E 16th Ave  
Accounts Payable 010  
Aurora, CO 80045 US  
[select different fulfillment center](#)

**Supplier Phone** +1 303-777-7361

**Distribution**  
The system will distribute purchase orders using the method(s) indicated below:  
Email (HTML Body)

**Payee Type**

**Warrant Delivery Code**

**Campus Mailbox/Attention To**

**Business Purpose**  
PSC Procedural Statement: Payment Voucher/Authorization [Payment Voucher/Authorization Procedural Statement](#)

**Payment is being Authorized for**

Business Purpose: Fully Describe how the purchase will support official University business:  

Services for XXX under the direction of XXX

1957 characters remaining [expand](#) | [clear](#)

**Certification Statement**

I certify that the items described above were for official university business and that the information contained in purpose and description is true and correct.

If being charged to sponsored projects (Fund 30/31 FOPPS), I certify that: all expenses are appropriate to be charged to the sponsored projects receiving the charge, meet the direct cost and other costing criteria, and are within the allowable timeframe.

If being charged to gifts (Fund 34 FOPPS), I certify that all expenses are appropriate and consistent with donor restrictions.

**Payment Information A** ?

**Amount**

**Supplier Invoice #**

**Supplier Invoice Date**   
mm/dd/yyyy

**Commodity Code**

Internal Attachments

**Attached on**

↑ Upload invoice w/PI approval here

In summary tab -

Edit Line	Product Description	Catalog No	Size / Packaging	Unit Price	Quantity	Ext. Price
1	<b>Payment Voucher Form</b> Payee Type: Non-Employee (Individual or Entity) Supplier Invoice #: GR018088 Supplier Invoice Date: 11/8/2017	Financial Report Comments Commodity Code: <input type="text" value="13 - Professional Services &amp; Tra..."/>	Internal Note  External Note	78,893.75	1	78,893.75 USD