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	
Project Title			
Principal Investigator(s)			
Principal Investigator Section			
Sponsor			
Period Funded			
Amount Funded this Period			
Anticipated Project Period			
Cumulative Amount Funded			
CU Anschutz Routing Number			
CU Anschutz Project Number			
CU Anschutz Speedtype			
CU Anschutz F&A Rate			
COMIRB Number			
New Speedtype Each Year	Yes	No	
CHCO G0 Number			
Invoice Contact Email			

- 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.]
- 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. <u>Study Documents.</u> Services will be performed according to the agreements and other documents governing this study, which are attached.
- 4. <u>Study Monitoring Progress.</u> 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. <u>Subject Injury.</u> [Note to Drafter: Please review funding to determine any additional or lesser benefits or obligations flow to CHCO.]
- 6. <u>Changes to the Protocol.</u> 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	Children's Hospital Colorado
Ву:	Ву:
Title:	Title:
Email:	Email:
Date:	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

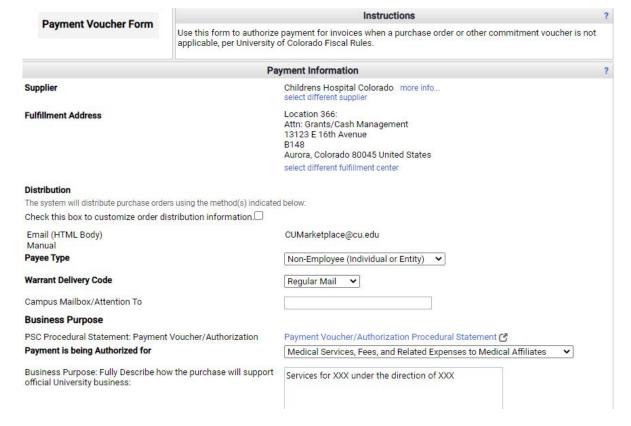
B148

Aurora, CO 80045 US

-Payee type: Non-employee

-Warrant Deliver Code: Regular mail

- -Payment is being authorized for: Medical Services, Fees, and Related Expenses to Medical Affiliates
- -Notes: Service for project, speedtype, PI, claim period
- -Commodity Code: 13
- -Add invoice to payment voucher at the bottom using the add attachment button



Certification Statement

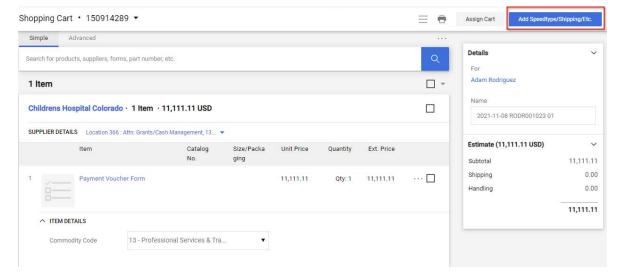
I certify that the items described above were for official university business and that the information contained in purpose and description is true and correct.

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.



- 2. Click "Add and go to cart" Add Speedtype(s) and Account code(s):
- Use account code 520104- Patient Services External to exclude F&A on expenses indicated on the invoice as Medical Services or Patient Care
- Use account code 552605- Other Operating Contract Services to assess F&A on expenses that are not medical services or patient care. Expenses that should assess F&A include salary, benefits, etc.
- Click calculate & save





Click the edit/pencil icon to modify or split the accounting codes

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"

*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.

