VENDOR AGREEMENT

Event/Campaign Activity:

_____

Description: _____

_____

_____

Date(s) of Event: _____

Location: _____

VENDOR INFORMATION

Vendor Name: _____

Company Name (If Applicable): _____

Mailing Address: _____

SERVICES RENDERED

Description of Services (Insert Caregiving Services): _____

_____

_____

Total Number of Hours: _____

Hourly Rate: _____

Total Amount Due: _____

PAYMENT DETAILS

Payment Method:

☐ Cash ☐ Check ☐ Electronic Payment ☐ Credit ☐ Debit

Paid on (Date): _____

Paid By: _____

Check/Electronic Payment Reference #: _____

SIGNATURES

By signing below, both parties affirm their agreement with the services rendered, the payment amount, and the completion date as outlined above.

Vendor Printed Name: _____

Vendor Signature: _____

Date: _____

Campaign Representative Printed Name: _____

Campaign Representative Signature:_____

Date: _____