

Company Information

_____ **NEW** **RENEW/** _____
MAGIC Vendor ID Number Start Date End Date **REISSUE** Previous Contract No.

Name of Company or Organization

_____ Title _____
Name of Authorized Signer

_____ City _____ State _____ Zip Code _____
Physical Address

_____ PERS _____ YES _____ NO
Phone Email Retiree

Services and Compensation

[Use the space provided on Page 2 to fully detail the Scope of Services being provided.]

_____ Lowest quote _____ YES _____ NO
Service Type No. Quotes Solicited selected?

Frequency of Services **Daily** **Weekly** **Monthly** **Other** _____
If Other (One Time Service, Per Project, etc.)

Performance Hours **Work Hours (8 to 5)** **After Hours** **NA** _____ Rate _____ Rate Basis (Hourly, Monthly, etc.)

_____ **Maximum Contract Amount** _____
Travel Cost Estimate Total Cost Estimate Cost Match

COST CENTER		FUNCTIONAL AREA		INTERNAL ORDER		FEDERAL GRANT	
_____	_____ %	_____	_____ %	_____	_____ %	YES	NO
_____	_____ %	_____	_____ %	_____	_____ %		
_____	_____ %	_____	_____ %	_____	_____ %	Award	_____
_____	_____ %	_____	_____ %	_____	_____ %	AID	_____
_____	_____ %	_____	_____ %	_____	_____ %	CFDA	_____

Additional Financial Information

MSDH Contact for Independent Contractor

Service Areas

_____ **Statewide** **Region** **Other**
Name Title

Mailing Address

_____ **If 'Other', list specific locations.**
City Zip Code

Scope of Services

Provide a description of services being as detailed as possible. Include specific tasks or duties, location where services are to be rendered, frequency of performance, etc.

Contract Justification

Submitted By: _____
Office/Program: _____

Phone: _____
Email: _____

MS State Department of Health
Instructions for Form 1143, Contract Request Form for Independent Contractors
4-17-19

Purpose: This form was created for users to request contracts with Independent Contractors.

Instructions: Please complete all fields as indicated, if applicable. Save the pdf and name the file the Contractor's MAGIC ID number, space, F1143. (Example: The pdf file of the request form for a contract with Company ABC, Inc. whose MAGIC ID number is 0123456789 would be saved as **0123456789 F1143.pdf**.)

Office Mechanics and Filing: All completed forms are to be submitted in the usual contractual routing process at least thirty (30) days prior to contract start date for processing. If contract has a start date beginning in May, June or July, please submit at least sixty (60) days prior to start date. Copies of contracts must be downloaded from the Q-Pulse tracking system. Please make sure all forms requiring signatures are completely signed and dated.

Retention Period: Processed contracts will be filed electronically in the Office of Human Resources for the current fiscal year plus two (2) additional years. After this period, contracts will be stored at the Department of Archives for three (3) additional years.