

**Marquette University
Statement of Work for Purchase Order for Services
Meeting Space Services**

("Marquette" or "Purchaser") Name: Marquette University Address: P.O. Box 1881 Milwaukee, WI 53201-1881	Services Provider ("Provider")* Name: _____ } Address: _____ } Federal ID Number: [_____]
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General Description of Event, including identification of Event Space and date(s) and start and ending times of Event*

Marquette Authorized Representative* _____ Provider Authorized Representative* _____

Terms and Conditions

- Attachments. **An Attachment to this Statement of Work is required and shall be in a form prescribed by the Provider.** The Attachment must either be physically affixed to this Statement of Work or be signed by authorized representatives of both Marquette and Provider. The Attachment must set forth all specific requirements of Marquette and of the Provider related to the Event, including but not limited to the minimum requirements of Marquette for the event; the minimum and maximum number of attendees; the unit charges for food, other goods, and identified services for which Marquette is to be separately charged; and cancellation requirements and charges. No agreement between Marquette and the Provider for Meeting Space Services shall be deemed to exist unless and until an Attachment meeting these requirements has been agreed by Marquette and the Provider.

