NORTHWESTERN STATE UNIVERSITY

Contract for Professional Services
Goals and Objectives, Performance Measure and Monitoring Plan

Control No._____ PS No. PS_____

Budget Unit Title_____ Account No._____

Contractor_____

1. GOALS AND OBJECTIVES:

2. PERFORMANCE MEASURE:

3. MONITORING PLAN:

Project Director/Budget Unit Head	Date	Applicable Vice President	Date
Approving Agent	Date	President (if applicable)	Date