



Provider Agreement

**ONE REQUIRED
PER CLIENT**

_____ (write client name), hereafter referred to as Client, and
_____ (write vendor name), hereafter referred to as Provider,
do hereby enter into the following agreement:

The Client requires the following tasks and duties to be performed by the Provider:

The Provider agrees to provide/arrange for training as described below:

The Provider agrees to perform the tasks as outlined above according to the following schedule:

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
 Other: _____

Services will be provided at the rate of \$_____ per Hour Day Week One Time

Provider FEIN: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ - _____ - _____

Vendor Signature: _____ Date: _____

Client or Guardian Signature: _____ Date: _____

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