

# EXPERT WITNESS CONTRACT TIP SHEET

Used for Expert Witness that is run through FP (not EPAP)

**RASR Rapid Admin Service Request** @ UNC-Chapel Hill

HOME | ADMIN | REPORTS | GENERAL MANAGEMENT | PREFERENCES | LOGOUT

My RASR Form Submissions	
New Forms:	2
Submitted:	0
Returned:	0
Completed:	0

School of Medicine

Routed Submissions by Role	
Processor:	241
Approver:	237
Research Pre-Award:	2
Finance:	1
OPSCA Approval:	1
Approver Level 2:	10
FP Finance:	1
Dept Contract Approval:	0
Contract Processor:	0

## Welcome to RASR

School of Medicine
UNC-Chapel Hill

Search below for a RASR form that can help you.

i.e. 'Request', 'Advance', 'P-Card', etc

### Available Forms

- Consultants
  - Independent Contractor Request
- Deposits
  - Deposit
- Employee Reimbursements/Invoice Payments
  - Employee/Vendor Reimbursements/Invoice Payments
- External Contracts
  - OPSCA - Expert Witness Contract Request Form (CRF)
- FP Clinical Contracts - External Contracts
  - UNC FP Clinical Contracts
  - UNC FP Clinical Contracts -Invoice/ Billing
- Global Business Unit
  - Global Business Unit Request to purchase
  - Global Business Unit/UNC Chapel Hill Reconciliation
- Other Financial Request
  - Backup Documentation (ie Student Stores, parking, etc)
  - Budget Transfer
  - Journal Entry
  - PAAT ONLY - Wages Funding/Salary Retroactive Change
  - Salary Distribution Change/Funding Swap ONLY

Navigate to [rasr.unc.edu](https://rasr.unc.edu)

Process begins with Department contact submitting "OPSCA - Expert Witness Contract Request Form (CRF)"

**My Form Name:** OPSCA - Expert Witness Contract Request Form (CRF) Financial RASR ID: [ ]

**Form:** OPSCA - Expert Witness Contract Request Form (CRF) Financial Form Status: [ ]

**Creation Date:** [ ] Submission Date: [ ]

**Instructions:** To request a contract for your department to provide Expert Witness services, please complete this form, and attach any draft documentation to OPSCA. Contract requests should be submitted for review as soon as possible to avoid delays.

**To facilitate OPSCA review:**

- This CRF should include all requested information.
- The CRF submitor should include the name of a Contract Administrator, who is positioned to answer questions from OPSCA about the engagement.
- Be as specific as possible when describing the proposed engagement.
- Include any special instructions (for example, "let HR" or "rush requests") on the CRF.
- If the counterparty has already sent you a contract for signature, please attach this and ensure that the submission contains the entire document to be reviewed, including attachments and exhibits.
- Once submitted, OPSCA will create a record for each request. The submitter will receive an email confirming submission and a tracking number, which may be used to reference the agreement and check on agreement that may be necessary, the CRF Submitter and the Contract Administrator may be copied on various emails or asked for more information.

**Notes:** [ ]

---

Double-click on cell to edit!

**Department Information**

Submitting Department Department Contact Information

Preferred Phone Number

**Counterparty**

Counterparty Counterparty Contact Information: (Name)

Counterparty Address Counterparty Email

1. **Form Name**  
Format is "Provider Name – Type of Contract (Expert/Fact) – Law Office"
2. **RASR ID**  
Autogenerated number. You will use this to tie the invoice form to the contract itself1.
3. **Submitting Department**  
Division in department where the contract is deposited or the faculty expenses
4. **Department Contact Information**  
Name of person submitting form. Should be someone who can answer questions about Expert Witness work being performed
5. **Counterparty**  
This is the Law Office and this field auto completes with many/most external organizations. If you can not find the organization you need, please contact Suzanne and she will get it added.
6. **Counterparty Contact Information**  
The contact you have been working with at the Law Office who would be knowledgeable of the arrangement
7. **Counterparty Email**  
Email address that the invoice will be sent to

Expert Witness

Faculty Name Case Number

Case Name (if known)

Fact or Expert Witness (Please select from Drop Down) 9

Educational Purpose (Will this benefit the education of UNC students?)

Government Agency or Private Law Firm

---

Financial

Estimated Contract Total (an estimate is acceptable) Payment Terms and Compensation Structure (Please attach fee schedule if applicable) 11

\$

If your department does not have a fee schedule that will apply to this activity, please indicate hourly rate for the service (if multiple services are provided for multiple rates, please indicate the rate associated with each service). Please note whether a retainer will be applied, and whether the retainer is refundable.

Charfield Columns									
Business Unit	Department	Fund Code	Source	Account	Project ID	Program Code	Cost Code 1	Cost Code 2	Cost Code 3
<input type="button" value="Add New Charfield Line"/> <input type="button" value="Add Select Charfield Line"/>									

UNIT Applicable  UNIT questionnaire completed

---

Notes and Instructions

Notes and Instructions ( Please include all special instructions. Wet Ink, Rush, Language revisions needed, etc.)

**8. Faculty Name**  
 If more than one faculty working, choose the primary in this section and then add the others names to the fee schedule attachment

**9. Fact or Expert/ Education Purpose/Government Agency**  
 If fact, then ok to process through FP  
 If expert and Educational, ok to process through FP  
 If expert and for a government agency, ok to process through FP  
**OTHERWISE STOP. YOU SHOULD BE SUBMITTING THIS THROUGH EPAP**

**10. Estimated Contract Total**  
 a. Enter the dollars you are expecting from this contract overall. Please **DO NOT ENTER COMMAS** IN THIS FIELD. **ONLY NUMBERS AND DECIMALS**

**11. Payment Terms**  
 a. If you are unable to fit all the detail required in this section, please attach a fee schedule to this form. Wendy needs the detail to invoice accurately.

## Routing:

Submitter -> School of Medicine: OPSCA Approval

Submitter: Not an official role in RASR, but the individual who is submitting does need access to RASR to submit forms

School of Medicine: OPSCA Approval: Routes to Ginger in OPSCA who enters it into ALICE and starts the official contract submission process