

PROFESSIONAL SERVICES AGREEMENT

MIAMI UNIVERSITY PROFESSIONAL SERVICES AGREEMENT

This Agreement is effective on this _____ day of _____, 20____, by and between

_____ ("Contractor") and Miami University ("Miami"), if and when all
(Type/Print)

authorized representatives of both parties have signed and all Approvals and Final Authorization signatures are secured.

Miami has the need for the professional services of a contractor with the particular training, ability, knowledge, and experience possessed by the Contractor. In consideration of a sum of no more than \$_____ to be paid to Contractor by Miami, the Contractor agrees to perform the following services:

Nature of the services (provide details):

Dates/times services will be provided: ____/____/____ through: ____/____/____

Location where services will be performed: _____

Materials needed to provide the services: _____

Supplier of the materials needed: _____

Name of Person & Organization for whom services will be rendered:

(Type/Print Name)

(Organization)

Funding source for payment: _____
(Index)



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In performing the above services, it is understood and agreed that:

1. If Contractor's services are to be performed on Miami's property, Contractor must adhere to all rules and regulations of Miami and all applicable local, state and federal statutes. Miami may cancel this Agreement without liability in the event violation of any such regulations or laws occur.
2. The Contractor is engaged as an independent contractor and will be responsible for any federal or state taxes applicable to this payment.
3. The Contractor will not be eligible for any federal social security, industrial accident, or unemployment insurance benefits from this contract payment, except as a self-employed individual.
4. The University will report the amount of all payments applicable, including any expenses, in accordance with federal Internal Revenue Service rules.
5. The Contractor is engaged as an independent contractor and, as such, no contributions to an Ohio public retirement system (i.e., OPERS or STRS) will be made by Miami and no deductions from this payment will be taken for contributions to a retirement system.

This Agreement requires that the OPERS form, *Independent Contractor: Acknowledgment*, and IRS Form W-9 are completed, signed, and returned by Contractor to the organization under which the Professional Agreement was initiated.

IN WITNESS THEREOF, the authorized representatives of the parties have signed this Agreement on the _____ day of _____ 20_____.

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MIAMI UNIVERSITY - STUDENT ORGANIZATION REPRESENTATIVE

Name (Type/Print)

Title:

Signature

Date

INDEPENDENT CONTRACTOR

Name (Type/Print)

Signature

Date

Federal Identification # or Social Security # _____

APPROVALS

Faculty/Staff Advisor Name (Type/Print)

Signature

Date