

TOWSON UNIVERSITY
CONSULTANT AGREEMENT
(\$500 or Less)

THIS AGREEMENT, made this _____ day of _____, 20____ by and between TOWSON UNIVERSITY (hereinafter called 'University') and _____ (hereinafter called 'The Consultant'), whose Social Security Number is _____.

WITNESSETH:

1. Appointment and Position

The University does hereby engage The Consultant indicated above for the sum of \$_____, beginning _____ 20____ and ending _____, 20____. The Consultant or beneficiary of this payment IS IS NOT a U.S. Citizen or Permanent Resident Alien. If NOT, please provide The Consultant's email address: _____. The Consultant's obligations shall include, but not be limited to the following:

Dept. _____ Contact Name _____ Ext. _____

2. General Conditions

- a. The Consultant shall be paid only for services that he/she is required to provide.
- b. The Consultant shall NOT be entitled to the benefits afforded employees, such as paid holidays, annual or sick leave, retirement, health insurance, worker's compensation, etc.
- c. This agreement may be altered or terminated for the convenience of the University.
- d. In accordance with the nepotism policy of the University, the engaging department hereby verifies that if The Consultant is related to a member of faculty or staff, that a "Supervisor/Subordinate" relationship DOES NOT exist between The Consultant and any member of the engaging department.

Consultant's Signature

Date

Department Head's Signature

Date

Please Note:

Payment for services rendered will only be released upon submission of a proper invoice and a completed 'Request for Taxpayer Identification Number and Certification' (IRS Form W-9) by the consultant or contractor outlining services provided and fees charged. All invoices must be submitted directly to Accounts Payable.