TEMPLE UNIVERSITY

CONTRACTUAL AGREEMENT
REQUEST FOR PAYMENT
CONSULTING SERVICES/INDEPENDENT CONTRACTORS

NAME: _____ SSN (last four digits only) / TIN *: _____

ADDRESS: _____ US Citizen (Yes/No)? _____

_____ CONTACT PERSON: _____

_____ PHONE: _____

Work statement and reporting requirements

_____

_____

_____

**If additional space is needed, attach separate sheet **

START DATE: _____ ENDING DATE: _____

CHARGE: _____ . _____ . _____ - _____ TOTAL EXPENDITURE $_____
Fund Org Acct Program

_____ DOLLARS CURRENT PAYMENT $_____
(in script)

Additional Terms:

During the period the consultant is in this program, any intellectual property produced, conceived, discovered, or first reduced to practice by the consultant relating to the subject matter of these consulting activities will belong to Temple University unless otherwise determined at the sole and absolute discretion of the University.

The consultant agrees to maintain the confidentiality of University information made available to the consultant and not to disclose the same to others without the prior written permission of the University.

The consultant must submit a signed invoice describing the work performed and the dates on which it was performed. If authorized in this agreement, reasonable and necessary travel and subsistence costs will be reimbursed provided are in accordance with the University's Travel and Business related Expense Policy. Signed, written reports will be provided by the consultant as required by the University. This Agreement may be terminated by the University by providing formal notice of such, via registered mail, to the consultant.

_____ _____
Date Name and Title

Please sign and return this form to _____. The gold copy is for your file. It is understood that your position will be that of an independent contractor and not an employee of Temple University.

_____ _____
Date Accepted By

Department Head Certification: This is to certify that: 1) I have personal knowledge of the individual's qualification to perform the work described in the Consultant Agreement or a Vitae is attached,. 2) The individual ☐ has ☐ has not been used previously as a consultant in this department. (If yes, disclosure requirement in policy must be met) and 3) Provisions of the University Consulting Policy have been fulfilled and appropriate supporting data are attached.

Department Head 1.	Date
Dean/Director/Budget Unit Head or RPD/Sponsored Program (if charged to a grant). 2.	Date

**** Temple University requests your Social Security number (SSN) because federal, state, and local law requires the University to report the name, address, and SSN for certain purposes. Temple University will not disclose your SSN without consent unless it is required to do so by law, or as permitted by the University's Social Security Number Usage Policy (http://policies.temple.edu/getdoc.asp?policy_no=04.75.11).***