

TRANSACTION

TC

PO NUMBER

DATE

CONSULTANT CONTRACT For PROFESSIONAL SERVICES

Instructions: This form must be signed by the Associate Treasurer BEFORE commencement of any services by the independent contractor. It is to be completed by the contracting department and submitted to Finance & Business Services for approval.

 BE IT KNOWN, that on this ______day of ______20 ____. The College of New Jersey, hereinafter sometimes referred to as The College and _______whose address is: _______

 City ______State _____Zip Code ______ and whose Telephone Number is _______and e-mail address is ______, hereinafter referred to as "Consultant" do hereby enter into contract under the

following terms and conditions:

1. SCOPE OF SERVICES

Consultant hereby agrees to furnish the following services:

2. DURATION OF CONTRACT

This contract shall begin on _____ and shall terminate on _____

3.

CONTRACTED PAYMENT

In consideration of the services described above, the College hereby agrees to pay to the Contractor a maximum fee of \$______. If progress and/or completion to the reasonable satisfaction of the College is obtained, payments are scheduled as follows:

4. TERMINATION FOR CAUSE

The College may terminate this contract for causes based upon the failure of the consultant to comply with the terms and/or conditions of the contract; provided that the College shall give the Consultant 10 days written notice specifying the Consultant's failure.

5.

OWNERSHIP

Upon completion of this contract, or if terminated earlier, all record, worksheets or any other materials related to this contract shall become the property of the College.

6.

TAXES

Consultant hereby agrees that the responsibility for payment of taxes from the funds thus received under this contract shall be said Consultant's obligation identified under Federal Tax Identification Number or Social Security Number:

SS#

FTI#____

or

[Important note: please attach completed & signed W-9 form to this contract]

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7. INDEMNIFICATION

Consultant agrees to indemnify and hold harmless The College of New Jersey, its Officers, and employees from any claim, damage, liability, injury, expense or loss due to Consultant's performance under this contract.

8. TRAVEL EXPENSES

Consultant shall be reimbursed for all approved travel, as applicable, in accordance with TCNJ's Travel Policies.

THUS DONE AND SIGNED at Ewing, New Jersey on the day, month and year first above written.

CONSULTANT	
Print:	
Signature:	Date:
DEPARTMENT APPROVAL	
Print:	
Signature:	Date:
OFFICE OF ACADEMIC GRANTS & SPONSORED RESEARCH	
Print:	
Signature:	_ Date:
COLLEGE APPROVAL:	
Print:	
Signature:	Date:

Office of Finance & Business Services

PEOPLESOFT CHARTFIELDS

Distribution	Amount	Account	Fund	Dept ID	Program	Class	Bdgt Pd	Proj/Grt