

TRANSACTION		
PO NUMBER	TC	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# _____ or FTI# _____

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

