

CLAYTON STATE UNIVERSITY - CONTRACTED (CONSULTANT) SERVICES AGREEMENT

This Agreement made on (date), by and between Clayton State University, and
 (Entity or Vendor name as it should appear on check.)

The undersigned agrees that he or she is an independent contractor and is not an employee, agent, partner or joint venture of or with Clayton State. The undersigned shall not be entitled to participate in any vacation, medical or other fringe benefit or retirement program of Clayton State and shall not make claim of entitlement to any such employee program or benefit. The undersigned shall be solely responsible for the payment of withholding taxes, FICA, State of Georgia, and other such tax deductions on any payments or earnings made, and Clayton State shall withhold no such payroll tax deduction for any payments due. The undersigned agrees to indemnify and reimburse Clayton State from any claim or assessment by any taxing authority arising from this paragraph.

The undersigned agrees that he or she is not employed by another Institution or Agency for the State of Georgia. Georgia Law O.C.G.A. 16-10-9 and No. 976 House Bill No. 1123 prohibits the direct contractual agreement between Clayton State and an individual employed by another Georgia Institution or State of Georgia Agency.

Clayton State agrees to pay the undersigned consultant \$ which will be complete as of

The undersigned consultant will perform the following contracted services:

PAYMENT INSTRUCTIONS:

Student Affairs will get check from business office and mail to vendor OR provide to campus sponsor.

Clayton State and the undersigned consultant will mutually agree as follows:

- This Agreement may be modified only by mutual consent of the parties hereto. Any modifications shall be in writing and signed by both parties
- This Agreement cannot be assigned by either party
- The parties hereto agree to the full performance of the conditions and provisions contained herein.

In witness whereof the parties have executed this contract in one original copy. This contract is only binding and valid if the required approvals listed below are obtained.

Check here if payment is due on the due date: **Student Affairs requires all contracts to be submitted a minimum of three weeks prior to the due date in order to guarantee a check for the scheduled date.**

VP or Assistant VP of Student Affairs Approval _____ Date _____
 (Required Signature after contract is completed)

VP of Operations, Planning and Budgets _____ Date _____
 (Required Signature for all contracts over \$2,500.00)

Account Name (Line Item): _____

Account Number (DEPT ID): _____

Signature: Clayton State Employee/Sponsor & Date

(Clayton State Employee Name Printed)

(Name of Clayton State Department)
 2000 Clayton State Blvd
 Morrow, GA 30206

Consultant – complete this section:

Corporation **Partnership** **Sole Proprietorship**

Signature **Date**

(PRINT Name of Company/Consultant)

(PRINT Complete Address)

(City/State/Zip Code)

(FEI Number/or SS# Student submit LAKER ID)

(Include Area code) _____