UNIVERSITY OF ALASKA

SHORT FORM CONTRACT FOR GUEST SPEAKERS OR PERFORMERS

This agreement becomes effective when accepted and signed by the authorized Purchasing official.

CONTRACT NUMBER_____   SSN/Tax ID_____
(to be completed by Purchasing)   (SSN entry applies only to sole proprietors or individuals.
                                                                                       All others require entry of federal Tax ID numbers.)

NAME & ADDRESS OF CONTRACTOR: (Contractor may not be a current UA employee.)   NAME & ADDRESS OF UA DEPARTMENT:

_____   _____

_____   _____

_____   _____

THIS AGREEMENT, entered into by the University of Alaska and the Contractor named above, documents the understanding of the parties. (This form must be signed and dated by the Contractor before it is submitted to Purchasing.)

1. SCOPE OF SERVICES: (one time non-recurring) The contractor shall perform all services described below for the amount stated:

  GUEST SPEAKER   Topic_____ (Topic must be shown for a Guest Speaker.)
  PERFORMER

             [DEPARTMENT MUST CHECK ONE BOX ABOVE & FILL ALL BLANKS BELOW TO COMPLETE THIS SECTION.]

Event   _____   Date   _____

Location   _____   Time   _____

Contractor agrees to provide the following equipment/items for this agreement:

_____.

University agrees to provide the following equipment/items for this agreement:

_____.

2. COMPENSATION: Contractor will be paid in a lump sum amount not to exceed $_____. Total compensation is calculated to the scope of services, including but not limited to:

5. TERMINATION. This contract may be terminated at no cost to either party upon _____ DAYS ADVANCE WRITTEN NOTICE. (30 unless otherwise indicated)

6. OTHER. Contractor is an independent contractor and will pay all applicable state, local and federal taxes associated with the agreement. This agreement is the complete & exclusive understanding of the parties. Time is of the essence in this agreement.

The following attachments are a part of this agreement:_____.

CONTRACTOR   UNIVERSITY OF ALASKA

By: _____   By: _____
              (Signature)   (Procurement Officer Signature)

Name & Title:_____   Name:_____
              (Type or Print)   (Type or P

Date:_____   Date:_____

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3. TERMS OF PAYMENT: [TO BE COMPLETED BY THE DEPARTMENT]