

UNIVERSITY OF WISCONSIN-PLATTEVILLE FOUNDATION

PERSONAL SERVICES CONTRACT

I, _____ will perform the following stated services for the
(Please Print)
University of Wisconsin-Platteville Foundation from the inclusive dates of _____ through
_____ for the agreed sum of \$_____ payable upon completion of the
performance of the services.

Services rendered:

In performing the above services, I am engaged as an independent contractor and it is understood and agreed that I will be responsible for any taxes applicable to this payment. It is also understood that as an independent contractor, I will be responsible for all required business registrations and licenses, will furnish the necessary tools and equipment to provide the stated service(s) and will not be eligible for benefits or contributions from the University of Wisconsin- Platteville Foundation of Federal Social Security, Workers Compensation or Unemployment Insurance.

Signature _____

Social Security Number _____ Date _____

Address:

I certify that the payee was not under the direction and control of the University of Wisconsin-Platteville Foundation while performing the services described above. The indicated sum paid for services received is properly chargeable to:

Account Name _____

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____

Authorized Signature _____ Date _____