

## ACADEMIC SUPPORT SERVICE AGREEMENT

For instructions to complete this form, visit [Contracting for Services](#) on the Business Services webpage. Use this form for services that meet the following criteria:

- a) are to be performed by independent contractors (e.g., speakers and guest lecturers in a non-public setting);
- b) are for a unique, noncompetitive activity and cannot be provided from more than one source; and
- c) are services in support of instruction, research or public service.

Please review the following prior to completing this form:

1. If Items (a), (b), and (c) mentioned above are not true or if the services you are seeking will not be performed via an independent contractor but will instead be performed via an employer-employee relationship (i.e., a direct hire), please consult with Human Resources.
2. If the service desired is available from more than one source and/or if the services are not in support of instruction, research or public service, then competitive procurement rules apply and purchasing bid and waiver regulations must be followed.

Information needed to complete this form:

1. Please make sure that the supplier is active in Shop UW+ and the following information is up-to date so the supplier's payment may be processed for services performed. This is also needed for Direct Payments to be made.
  - a. U.S. Citizens - request a copy of the Contractor's current W-9.
  - b. Non-U.S. Citizens - request a copy of W-8BEN completed with U.S. Individual Taxpayer Identification Number (ITIN) or Social Security Number (SSN)
    - i. If they are requesting treaty exemption or reduced withholding for independent personal services then Form 8233 would have to be completed with U.S. ITIN or SSN
    - ii. Visa Type

Agreement is entered into between the Board of Regents of the University of Wisconsin System on behalf of the University of Wisconsin La Crosse (hereafter University) and the contractor set forth below (hereafter Contractor). See the link in the Contractor Acceptance section for terms and conditions. Changes to the terms and conditions require prior written approval by the University.

CONTRACTOR INFORMATION	
Contractor's Name:	
Business Name (if applicable):	
Address:	
City/State/Zip:	

Are you employed by UW System? No ☐ Yes ☐ (Contact HR for guidance)

SERVICE PERIOD			
Beginning Service Date	Ending Service Date	Location (Building, Room)	UWL account to be billed

MANDATORY--SCOPE OF SERVICE (Identify type of service and any conditions. Attach appendix if needed):

PAYMENT TERMS	LIAISON
Payment will be made within 30 days of completion of services. For multiple payment dates please indicate below the payment dates with payment amounts.	Represents the University's interest and related considerations as outlined in this agreement.  Liaison's Name: _____  Department: _____  Email: _____  Telephone: _____

COMPENSATION INFORMATION	
Fee not to exceed: _____ Travel expense to be <b>Direct Paid</b> by the University: (list expense and not to exceed amount, examples-hotel, airfare, hosted meals).	Travel expenses to be <b>e-Reimbursed</b> to Contractor: (list expense and not to exceed amount, examples-hotel, airfare, per diem meals).

**CONTRACTOR ACCEPTANCE:**

I agree to the standard terms and conditions which are found at <https://www.uwlax.edu/globalassets/offices-services/business-services/forms/standard-terms-and-conditions.pdf>, and also the UW System Purchasing Terms and Conditions which are found at <https://shopuwplus.wisc.edu/uw-system-purchasing-terms-and-conditions-2/> I verify that I am duly qualified and willing to perform the services as an independent contractor. The fees under this Agreement do not exceed my normal and customary rate. I certify, under penalty of perjury, that the Social Security Number or Federal Employer Identification Number provided on my W-9 is correct, that I am not subject to backup withholding due to failure to report interest and dividend income, and that I am a U.S. person. I am not a current University of Wisconsin System employee nor have I been a UW System employee during this calendar year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name Printed or Typed: \_\_\_\_\_ Title: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**FOR THE BOARD OF REGENTS OF THE UNIVERSITY OF WISCONSIN SYSTEM ("UWL"):**  
UWL Contract Administrator or UWL Procurement Director

Signature	Name	Title	Date
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**BUSINESS SERVICES**

University of Wisconsin-La Crosse • 125 Graff Main Hall • 1725 State Street • La Crosse, WI 54601 (Phone) 608-785-8554 • (Fax) 608-785-8544 • (Web) <https://www.uwlax.edu/business-services/>