



# INDEPENDENT CONTRACTOR SERVICES AGREEMENT

This Independent Contractor Services Agreement (hereafter "the Agreement") is entered into between the Board of Regents of the University of Wisconsin System d/b/a 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.

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

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

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

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

<b>PAYMENT TERMS</b>	<b>LIAISON</b>
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).
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**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/> 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 D/B/A  
THE UNIVERSITY OF WISCONSIN-LA CROSSE:**

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Signature - Procurement Director

Name

Date

OR

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Signature - Vice Chancellor for Administration & Finance

Name

Date

**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/>

Updated 07/30/2024