



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.

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 Direct Paid by the University: (list expense and not to exceed amount, examples-hotel, airfare, hosted meals).	Travel expenses to be e-Reimbursed 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/> 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:**

Signature - Procurement Director	Name	Date
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OR

Signature - Vice Chancellor for Administration & Finance	Name	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/>

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