



PROFESSIONAL/CONSULTING SERVICES AGREEMENT

This agreement, entered into this _____ day of _____, 20____, by and between South Florida State College, hereinafter referred to as the "College", and _____, hereinafter referred to as "Consultant", agree as follows:

Consultant Name: _____

Address: _____

Phone _____ Email: _____

SSN or FEIN: _____ (Attach a completed W-9 or W-8, if not incorporated in US.)

Please return this Agreement and applicable U.S. Tax Form with original Signature for our records. Social security numbers and Employer Identification Numbers (EIN) collected here and on the US tax form will be used for information reporting to the Internal Revenue Service.

Consultant agrees to provide the following services:

To furnish the College with an invoice for services rendered and documentation of actual expenses (if reimbursable).

College agrees to pay the Consultant based upon invoice and documentation as follows:

1. Rate per Hour \$ _____ x # of Hours _____ = \$ _____
2. Rate per Day \$ _____ x # of Days _____ = \$ _____
3. Per Diem Rate \$ _____ x # of Days _____ = \$ _____

Additional Expenses (Estimated/Maximum):

1. _____ = \$ _____
2. _____ = \$ _____
3. _____ = \$ _____

TOTAL \$ _____

By Consultant _____ For the College _____
Signature Signature/Title/Date