

GUILFORD TECHNICAL COMMUNITY COLLEGE

PROFESSIONAL SERVICES AGREEMENT

IMPORTANT: GTCC may contract with an individual not employed by the college or with a business that is not owned by a GTCC employee. If the individual or business has not been approved previously for independent contractor status, contact the Finance Office prior to completing this form.

Guilford Technical Community College, hereinafter referred to as the COLLEGE, and _____
_____, hereinafter referred to as the CONTRACTOR, enter into this agreement for professional services as described below in Item I for the period and rate of pay indicated.

I. The CONTRACTOR Agrees:

To provide professional services as follows (describe; attaching separate sheet if needed):

B. Rate of Pay: Hourly: _____ Number of Hours: _____
OR Daily: _____ Number of Days: _____
OR Flat Rate Not to Exceed: _____

C. Period Covered: From: _____ To: _____

D. Source of Funds: (Budget Code) _____

E. Except for applicable withholding on non-resident vendors, payment of all Federal and State income taxes and Social Security applicable to the compensation received is the responsibility of the CONTRACTOR and not the COLLEGE.

F. The CONTRACTOR is responsible for all liability and worker's compensation insurance and acknowledges that the COLLEGE is not responsible for any insurance for the contractor or its employees. The contractor also agrees to all NC General Contract Terms and Conditions (Contractual and Consulting Services) and all GTCC codes of conduct and acknowledges that this is an e-procurement contract.

G. The rate of pay specified above includes all expenses of the CONTRACTOR, including travel and subsistence.

H. The CONTRACTOR agrees that this agreement may be terminated by the COLLEGE either due to cause, financial exigency or cancellation of a course due to lack of students or funds.

II. The COLLEGE Agrees:

To make payment within thirty (30) days of completion of services rendered as provided in Item I-B above and upon receipt of an invoice itemizing services furnished and certified by the responsible Director/Division Chair.

III. Attest:

A. CONTRACTOR: _____
(Name) (Present Employer)

Address: _____
(Street) (City) (State) (Zip)

(CONTRACTOR'S Federal ID#) (Signature) (Date)

B. COLLEGE REPRESENTATIVE: (Director/Division Chair/Vice President/President)

(Name) (Signature) (Date)

- A *Vendor Registration Form* must be completed before payment will be processed.
- Payment may be subject to 4% withholding for NC income taxes (non-resident contractor).

STATEMENT OF PURPOSE: The information on this form is being gathered to confirm the tax information of a business entering into a services agreement with the College.
--