

PERFORMANCE CONTRACT
WHITMAN COLLEGE BUSINESS OFFICE

PC# (B/O Use Only) _____

(Not to be used to pay incorporated businesses or when required to compensate a person as an employee through payroll.)

This agreement is entered into this _____ day of _____ 20____, by and between Whitman College, hereinafter called the COLLEGE, and _____ hereinafter called the CONTRACTOR.

Whereas the College has need for the professional services of an individual with the particular training, ability, knowledge, and experience possessed by the Contractor, now therefore, in consideration of the sum of _____ **(plus travel expenses and local accommodations)** to be paid to the Contractor by the College, the Contractor agrees to perform the following specific engagement: _____

In performing the above engagement it is understood and agreed that:

- 1) The Contractor is engaged as an independent contractor and will be responsible for any federal or state taxes applicable to this payment.
- 2) The Contractor will not be eligible for any federal Social Security, and may not be eligible for industrial accident or unemployment insurance benefits from this contract, except as a self-employed individual.
- 3) If this payment is to be charged against federal funds, the Contractor certifies that he or she is not currently employed by the federal government and the amount charged does not exceed the normal charge for the type of service performed.
- 4) The College will report the total amount of all payments applicable, including any expenses, in accordance with Federal Internal Revenue Service rules.
- 5) The College will not assume any liability for damage or loss of property belonging to Contractor.

The contractor agrees to allow the college to Web cast his/her presentation and record/archive said presentation.

☐ Yes ☐ No **- If yes, please fill out the speaker permission form attached with this contract.**

This contract and any amendments to this contract will not be effective until approved by the Department Administrator.

CONTRACTOR:

Signed:

TIN or Social Security Number (required):

For tax purposes, please complete the following:

Address (street):

I am a citizen or permanent resident of the U.S

City, State, Zip:

☐ Yes ☐ No _____ **Initial**

If NOT, please attach a copy of your current visa.

COLLEGE:

Department Administrator

Date

To effect payment, a copy of this form, when approved, must be sent to the Business Office with a *Vendor Payment Authorization* form.

Internal GL name and number: _____