

**TOWSON UNIVERSITY**  
**CONSULTANT AGREEMENT**  
(\$500 or Less)

THIS AGREEMENT, made this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ by and between TOWSON UNIVERSITY (hereinafter called 'University') and \_\_\_\_\_ (hereinafter called 'The Consultant').

WITNESSETH:

**1. Appointment and Position**

The University does hereby engage The Consultant indicated above for the sum of \$\_\_\_\_\_, beginning \_\_\_\_\_ 20\_\_\_\_ and ending \_\_\_\_\_, 20\_\_\_\_. The Consultant or beneficiary of this payment  IS NOT  a U.S. Citizen or Permanent Resident Alien. If NOT, please provide The Consultant's email address: \_\_\_\_\_. The Consultant's obligations shall include, but not be limited to the following:

Dept. \_\_\_\_\_ Contact Name \_\_\_\_\_ Ext. \_\_\_\_\_ B B B B B B B B

**2. General Conditions**

- a. The Consultant shall be paid only for ~~services~~ that he/she ~~is~~ required to provide.
- b. The Consultant shall NOT be entitled to the ~~benefits~~ afforded employees, such as paid holidays, annual or sick leave, retirement, ~~health~~ insurance, worker's compensation, etc.
- c. This agreement may be altered or ~~terminated~~ for the convenience of the University.
- d. In accordance with the nepotism policy of ~~the~~ University, the engaging department hereby verifies that if The Consultant is ~~related~~ a member of faculty or staff, that a "Supervisor/Subordinate" relationship ~~DOES NOT~~ exist between The Consultant and any member of the engaging department.

\_\_\_\_\_  
Consultant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Department Head's Signature

\_\_\_\_\_  
Date

Please Note:

Payment for services rendered will only be released upon submission of a proper invoice and a completed 'Request for Taxpayer Identification Number and Certification' (IRS Form W-9) by ~~the~~ consultant or contractor outlining ~~services~~ provided and ~~fees~~ charged. All invoices must be submitted ~~directly~~ to Accounts Payable.