**VALDOSTA STATE UNIVERSITY**

**SERVICE AGREEMENT**

**(Any service performed for the University regardless of dollar amount.)**

**THIS AGREEMENT, hereinafter referred to as “Agreement”,** is made this       day of      , 20     , by and between The Board of Regents of the University System of Georgia by and on behalf of Valdosta State University, located at 1500 North Patterson Street, Valdosta, Georgia hereinafter referred to as the “VSU” and      , hereinafter referred to as “Vendor.” VSU and Vendor shall be jointly hereinafter referred to as “parties”.

**WHEREAS,** VSU desires to have Vendor to provide professional services at the dates and times stipulated herein; and

**NOW THEREFORE,** in consideration of the mutual agreements and covenants hereinafter set forth, and for other good and valuable consideration, the receipt, adequacy and sufficiency of which are hereby acknowledged, the parties do hereby covenant and agree as follows:

***Scope of Work:***

***VSU’s Responsibilities:***

VSU will:

***Vendor’s Responsibilities:***

Vendor will:

***Independent Contractor Status:***

Vendor shall not be deemed to become an agent, servant, or employee of the State of Georgia, and in particular VSU. Vendor shall for all purposes be deemed to be an independent contractor, and this Agreement shall not be construed so as to create a partnership or joint venture between Vendor and the State of Georgia or any of its agencies. Consequently, Vendor is responsible for all applicable federal and state regulations relating to income tax, social security, worker’s compensation and unemployment insurance.

***Publicity:***

It is also agreed that no advertising or publicity having or containing any reference to VSU in which the name is mentioned, shall be made use of by Vendor or anyone on Vendor’s behalf unless and until the same shall have first been submitted to and approved by an authorized representative of VSU in writing.

***Signatures on following page.***

VSU Account #: (Acct#-Fund-DeptID-Program-Class)

Vendor’s Printed Name

Vendor’s Signature Date

Budget Manager’s Printed Name

Budget Manager’s Signature Date

Department Receiving of Services

**VENDOR CERTIFICATION: I certify the following for the individual named in the above contract: (Please read and complete in full)**

1. Individual/Vendor’s Name:

2. SS/TIN/FIN:

3. Address:

4. Payment Address (If different than above)

5. If services exceed $2,499.00 per job an eVerify form is required.