



## Professional Services Agreement

### Professional Information

Name \_\_\_\_\_

\* Payment will be remitted to the mailing address listed on your invoice.

Address \_\_\_\_\_

City, ST, Zip \_\_\_\_\_

Phone & Fax \_\_\_\_\_

Email \_\_\_\_\_

Is the Professional a Daytona State College a) Employee,  Yes  No  
b) Trustee, c) or related to an Employee or Trustee?

If yes, provide the following:

Name \_\_\_\_\_

Relationship \_\_\_\_\_

### Department Information

Department Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Phone \_\_\_\_\_

Hours Worked \_\_\_\_\_

Contract Amount \$ \_\_\_\_\_

### Agreement

This agreement is entered into on \_\_\_\_\_ (date) by DAYTONA STATE COLLEGE, representing and hereinafter referred to as the College and \_\_\_\_\_ (Professional's name), hereinafter referred to as the Professional.

The Professional will perform all services and furnish all labor at his/her own risk, assuming full responsibility for completion of the services stipulated below. The College and Professional do mutually agree that the following professional services will be performed:

The Professional shall commence performance of this agreement on \_\_\_\_\_ (date) and shall complete performance of the agreement to the satisfaction of the College no later than \_\_\_\_\_ (date).

All agreements made between the College and the Professional are exclusively herein contained. This agreement may be terminated by either party upon written notice. This agreement may be unilaterally cancelled by the College if the Professional refuses to allow public access to all material made or received by the Professional pursuant to the agreement. Bills, fees, other compensation for services or expenses must be submitted to the College in detail sufficient for proper pre-audit and post-audit review. The individual named in the performance of the work hereunder shall be subject to and shall abide by all of the rules, regulations, and policies of the College and of the Statutes of the State of Florida that affect and govern the College.

### Signatures for Approval

Professional

Date

Department Manager/Director

Date

Dean/AVP/VP

(if total ≤\$100/hr or ≤\$1,600/appointment)

Date

President

(if total >\$100/hr or >\$1,600/appointment)

Date

For Department Use Only: Send original completed agreement to Purchasing. Requisition# \_\_\_\_\_