

MARSHALL UNIVERSITY RESEARCH CORPORATION
SERVICE AGREEMENT

Vendor Name	
Vendor Phone #	Agreement #
Vendor Address:	MURC Fund #
Vendor Email:	MURC Org #
	Vendor #

I, _____ agree to perform the following service for Marshall University Research Corporation:

Date(s) of Service* _____ to _____

The rate of pay shall be \$ _____ per _____ not to exceed _____.

All invoices must be submitted using the invoice template found in ATTACHMENT 1. Any invoices submitted on a different form than the one provided in ATTACHMENT 1 of this agreement will be returned to the vendor .

Authorized Travel Expense:

- Will not be reimbursed.
- Will be reimbursed upon documentation in accordance with the policies set forth by MURC, not to exceed _____.

As an independent contractor, I am responsible for all employment taxes associated with the income I earn.

I certify that I am a citizen of the United States of America or an authorized alien eligible to work in the United States.

Vendor's Signature _____ Date _____ S.S.N./F.E.I.N. _____

APPROVED BY:

Project Director's Signature/Date

Marshall University Research Corporation Signature/Date

* If greater than 6 months, provide written explanation.

MURC-1 (May 2024)