

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 attached invoice template. Any invoices submitted on a different form than the one provided on page two 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)

SERVICE AGREEMENT INVOICE

AGREEMENT #:

VENDOR NAME:

To be completed by VENDOR

DATE

DATE(S) OF SERVICE:

INVOICE #

RATE OF PAY:

To be completed by

Final YES

NO

VENDOR CONTACT:

MARSHALL UNIVERSITY RESEARCH CORP.

VENDOR CONTACT EMAIL:

FUND:

VENDOR ADDRESS:

PI:

AGREEMENT POP:

VENDOR PHONE NUMBER:

AGREEMENT AMOUNT:

DESCRIPTION	QUANTITY	UNIT PRICE	AMOUNT
Please provide a brief description of service(s) with charge(s)			-
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I certify to the best of my knowledge and belief that this report is correct and complete and that all outlays are for the purposes set forth in the award documents

TOTAL AMOUNT DUE \$

Signature _____

Date _____

Approved by:

Project Director's Signature

Date