

**UNIVERSITY OF MISSOURI-COLUMBIA
CONSULTING AGREEMENT**

The Curators of the University of Missouri (hereinafter referred to as University) hereby retains:

Consultant Name:

Social Security Number:

Home Address:

to furnish certain consulting services upon the following terms and conditions:

I. CHARACTER AND EXTENT OF SERVICE

1. Consultant will perform the following services: (Attach additional pages if necessary. For grants or contracts, state relevance of services to the grant project.)

2. The Consultant is required to prepare and submit the following reports: (If no reports are required, indicate "None".)

3. Consultant's services hereunder are to assist University in the following project:
Univ MOCODE/Account _____, Account Name: _____

II. CRITERIA FOR SELECTION

The criteria for selection were:

III. PERIOD OF SERVICES AND TERMINATION

The period of performance shall be _____ through _____, unless otherwise terminated by the University for just cause or through the mutual agreement of the University and Consultant.

IV. COMPENSATION

1. University will pay Consultant for services performed hereunder in accordance with the following schedule:
 - a. Personal Services
Rate: \$ _____ per _____ for _____ (units)\$ _____
 - b. Travel and Subsistence.....\$ _____
 - c. Other, specify in attached documentation\$ _____
 - d. Total (Not to exceed)\$ _____

2. Payment will be made upon submission by the Consultant of a completed invoice form (See Exhibit A). If, in addition to a consultant fee, travel expenses are to be reimbursed, travel expenses must be itemized and appropriate receipts attached to the invoice. All travel and reimbursement for travel must conform with existing University policy, a copy of which is attached. The invoice must show the Consultant's taxpayer identification number (Social Security Number or Employer Identification Number).
3. Final Payment will be made after all required reports have been received and approved by the University.

V. TAXES

The compensation stated herein includes all applicable taxes. No additional compensation will be allowed due to Consultant's failure to include such taxes or as the result of a change in Consultant's tax liabilities.

VI. ASSIGNMENT

The Consultant may not assign or transfer this agreement, any interest therein or claim thereunder, without the prior written approval of the University.

VII. REPORTING

In performing consulting services hereunder, Consultant shall report to and send invoices to the following individual (in the case of a grant project, list Principal Investigator's name, Department, address and telephone number)

VIII. PATENTS

1. The Consultant agrees that the aforementioned work shall constitute a work for hire, and any copyright and all intellectual property rights shall be owned by The Curators of the University of Missouri.
2. Whenever any invention or discovery is made or conceived by the Consultant in the course of or in connection with this Consultant Agreement, Consultant shall furnish University with complete information with respect thereto, and University shall have the sole power to determine whether and where a patent application shall be filed and to determine the disposition of title to and all rights under any application or patent that may result. Consultant will, at the University's expense, execute all documents and do all things necessary or proper with respect to such patent applications. In the event the consulting is performed in conjunction with a Federal research grant or contract, the Consultant's rights will be determined in accordance with 37 CFR 401.

IX. CONFLICT OF INTEREST

Consultant assures that to the best of Consultant's knowledge there exists no conflict of interest and every effort will be made to avoid the appearance of conflict of interest between Consultant, Consultant's family, business, or financial interest and the services provided under this Agreement. Should this situation change during the time of this Agreement, the Consultant will advise the University of such change.

X. NATURE OF RELATIONSHIP

Consultant herein is an independent contractor and shall not act as an agent for the University, nor shall Consultant be deemed to be an employee of the University for any purposes whatsoever. The Consultant shall not enter into any agreement or incur any obligations on the University's behalf or commit the University in any manner.

This Agreement is made and entered into this _____ day of _____, 20____.

SIGNATURES

THE CURATORS OF THE UNIVERSITY
OF MISSOURI

CONSULTANT

Lisa J. Wimmenauer
Assoc. Director, Business Services
DATE:

BY:
DATE:

Certification of Principal Investigator
(For grant and contract projects administered through the Office of Research):

I certify that the consulting requested herein and payments to be made hereunder are in compliance with the policies of the granting/contracting agency and the University, including policies governing the selection criteria and maximum daily rates:

BY:

DATE:

EXHIBIT A

INVOICE FORM

(To be completed by Consultant in duplicate when invoicing the University)

Consultant's Name:

Social Security Number/Employer Identification Number:

Address To Which Check Is To Be Mailed:

CHARGES:

1. Personal Services

Rate: \$ _____ per _____ for _____ (units).....\$ _____

2. Travel

Transportation:

- Airfare (attach receipt) \$ _____
- Personal Mileage (_____ miles @ _____ cents per mile, not to exceed University rate) \$ _____
- Car Rental (attach receipt) \$ _____
- Cab Fare \$ _____
- Airport Parking (attach receipt if amount exceeds \$10) \$ _____

Subsistence:

- Lodging (attach itemized receipt) \$ _____
- Meals (not to exceed University's maximum established rates) \$ _____

Total Travel\$ _____

3. Other (Specify)\$ _____

PAYMENT DUE\$ _____

CONSULTANT - I certify that the above claim is correct and just, and consistent with the terms of the consulting agreement, and that I will not be reimbursed therefor from any other source.

Signature

Date

For Grants or Contracts:

PRINCIPAL INVESTIGATOR - I certify that this consultation has been performed under the provisions of the consulting agreement and that all required reports have been received and approved.

Signature

Date

A COPY OF THIS FORM IS TO ACCOMPANY ALL PAYMENT VOUCHERS

EXHIBIT B

**UNIVERSITY OF MISSOURI - COLUMBIA
CONSULTING AUTHORIZATION FORM**

(For Internal University Use Only)

Consultant's Name:

Social Security Number/Employer Identification Number:

Address to which check is to be mailed:

A Consulting Agreement has been executed between above Consultant and The Curators of the University of Missouri and is on file at the University of Missouri-Columbia.

Payment is authorized in accordance with the terms and conditions of the Consulting Agreement and the following schedule:

1. Personal Services
Rate: \$ _____ per _____ for _____ (units)\$ _____
2. Travel and subsistence\$ _____
3. Other\$ _____
4. Total (Not to exceed)\$ _____

APPROVED BY:

_____ or _____
Office of Research Business Services Office