



Procurement Services

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210 Tillman Hall
Rock Hill, SC 29733
803/323-2143

CONTRACT FOR PROFESSIONAL SERVICE

This contract between Winthrop University, 701 Oakland Avenue, Rock Hill, SC 29733 (Agency) and

Independent Contractor:

Contractor Address:

for and in consideration of the mutual promises herein made, witnesseth:

1. Contractor will provide to the Agency the following professional service: (Brief description, attach detailed Appendix 1 if necessary) This service will be preformed by the contractor:

2. A fee of \$ is total compensation for the professional service rendered and is to be paid as follows:

☐ One lump sum at completion of service; ☐ Progressive payment, half at 50% completion and the balance at 100% completion;
or ☐ One lump sum in advance of service

3. Travel, lodging, and subsistence expense, not to exceed State Employee Reimbursement Rates, will be reimbursed direct to the Contractor if receipts are furnished (if applicable).
4. Agency has NO RIGHT to DIRECT or CONTROL contractor in the way in which the professional service is performed, either as to the final results or as to the details of how the service is accomplished.
5. Contractor is not a permanent State Employee subject to the Dual Employment restrictions. He/she is an independent contractor who will perform the required professional service, outlined in paragraph 1 above, in accordance with the dictates of his/her profession/training/experience. Contractor's performance/non-performance, for payment purposes, will be judged solely on the specifications set forth in paragraph 1 above, plus Appendix 1 (if attached) hereto.

6. Acceptance on behalf of the Contractor:

Contractor Signature

Date

I certify that I ☐ am ☐ am not an employee of the State of South Carolina.

7. Dates of Service:

Site of Services:

Total (Days):

Fee Per (Day):

Please acknowledge acceptance and return to the contract administrator as noted below:

Contract Administrator:

Address:

Index Code or				
Fund	Organization	Account	Program	Activity
REQUIRED: Index OR Fund and Organization Codes, Account Code OPTIONAL: Program code, Activity code				

Amount:

Payable Date:

1099:

	Name	Date
Proposed by: (Contract Administrator)		
Approved: (Department Head/Dean)		

STEPS A & B NECESSARY ONLY WHEN THE FEE IS OVER \$500.

A. CONTRACT FOR OVER \$500 AND PURCHASE METHOD DETERMINATION IS:

☐ SOLE SOURCE ☐ EXEMPT ☐ BID

By:

Director of Purchasing

Date

B. OFFERED on behalf of the University:

By:

President

Date