



500 University Avenue West  
Minot, ND 58707

# CONTRACT FOR TEMPORARY SERVICES

This is an agreement by and between \_\_\_\_\_  
and Minot State University, Minot, North Dakota 58707.

## Terms and Conditions \_\_\_\_\_

### 1. SERVICE

For the sum of \$ \_\_\_\_\_ professional fee,  
plus travel and accommodations, \_\_\_\_\_

shall perform the following:

Date(s) and Session(s) Details:

Host Minot State University Department:

\_\_\_\_\_

All travel reimbursement amounts are based on the North Dakota state rate. *Payment will not be processed without appropriate documentation.*

- Airfare is reimbursed with an original paid airline receipt/itinerary.
- Other public transportation (bus, taxi, parking, etc.) is reimbursed with original paid receipt.
- Mileage is reimbursed at \$.70 per mile in-state, and \$.18 per mile beyond 300 miles of ND border.
- Lodging is reimbursed for basic standard room rates per night, plus tax with original paid receipt. ND state rate room charges should be requested and utilized if at all possible.
- Meals are reimbursed based on departure and arrival times. ND state rates are: breakfast-\$9, lunch-\$14, dinner-\$22. Meals provided during a conference or workshops are not reimbursable. Receipts for meals are not required.

### 2. IRS INFORMATION – Citizenship

United States: Complete a W-9 form and attach.

Non-U.S. Citizens: Complete a W-8BEN form and attach  
(additional information may be required.)

Country Name: \_\_\_\_\_

### 3. PAYMENT

Manner of payment shall be as described: Professional fee and expenses (receipts required) are due and payable within 30 days of the presentation, with a **check payable to:**

### 4. AUDIO/VISUAL NEEDS (e.g. Lavalier Microphone, Video Projection System, etc.)

### 5. RESPONSIBLE PARTY INFORMATION

Name of Contract Representative (Please PRINT)

\_\_\_\_\_

Last 4 digits of Social Security # or Tax ID# \_\_\_\_\_

Email \_\_\_\_\_

Street Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

**THE PARTIES HEREIN have entered into this agreement and acknowledge its effectiveness. Presenter acknowledges and understands that he/she is not, in performing the services under this agreement, an employee of Minot State University or the State of North Dakota, for any reason. Presenter acknowledges and understands that he/she is responsible for any and all claims which arise out of his/her negligent acts or omissions in his/her performance of this agreement.**

\_\_\_\_\_  
SIGNATURE—Company/Individual Contract Representative

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE—MINOT STATE UNIVERSITY REPRESENTATIVE  
Krista Lambrecht, Vice President of Administration & Finance

\_\_\_\_\_  
DATE