 **UNIVERSITY OF OREGON**

**HONORARIUM CONTRACT**

Contract No. [     ]

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| This Honorarium Contract (“**Contract**”) is between the University of Oregon (“**University**”) and Contractor indicated below (“**Contractor**”). University and Contractor are each a “Party” and collectively “Parties.” | Department Name:       |
| Department Address:        |
| Prepared by:       |
| Preparer’s Phone Number:       |
| **Contract Term**. This Contract will become effective      , or the date of last signature below, **whichever is later**. Unless earlier terminated or extended, this Contract will expire on     **[must be 1 day]** . |
| **Contractor Information**Full Legal Name or Business Name:     Mailing Address used for Tax Reporting:Street/PO Box:      City:       State:      Zip Code:      E-mail Address:      Office Phone Number:      Cell Phone Number:      (please indicate which phone number is your primary number) |
| **Contract Fee/Honorarium**:Check one:[ ]  Fixed Fee: $     **Expenses:** [ ]  University will reimburse Contractor’s expenses, including travel, up to the following not to exceed (NTE) amount of\*†:  $      Individual itemized expenses may be revised, but total amount reimbursed may not exceed the NTE listed above.[ ]  University will pay Contractor’s expenses directly to third parties, on Contractor’s behalf, up to the following not to exceed (“NTE”) amount of \*†:      **Contract Maximum Compensation:** $     \*\*The fees/honorarium payment will be made under this Contract upon completion of all work.\*Unless boxes are checked reimbursements or expenses will not be paid under this Contract.† Subject to the limitations of University’s published reimbursement rates found at the following web address:<http://ba.uoregon.edu/content/travel-reimbursement>\*\*Contract Maximum Compensation includes the sum of all fees and reimbursements paid to Contractor and all expenses paid by University on behalf of Contractor.  |
| **Additional Terms & Attachments****Attachment A:** **University Standard Terms and Conditions** can be found at: <http://pcs.uoregon.edu/content/forms> andis incorporated by this reference and made a part of this Contract.[ ]  Attachment B: Photography Contract Provisions**Statement of Work:** [**Work may not include unsupervised contact with minors or work oustide of US]** Contractor will give a presentation on [TOPIC] on [DATE OR RANGE OF DATES] at/from [TIME] at [LOCATION INCLUDING ROOM NUMBER] with exact date, time, and location subject to change in University's sole discretion.  |
| **By my signature below. I hereby certify that:**I am not a University of Oregon employee, I am an independent contractor. I am not or have ever been suspended or debarred from contracting activity with any corporate entity or any municipal, state or federal entity.I understand the tax and legal implications of this Contract and that payments under this Contract will be reported on Form 1099.The Social Security Number or Taxpayer Identification Number (TIN) I have given is correct and that I am doing business as a(n): [ ] Individual – US Citizen [ ] Individual – Resident Alien [ ]  Foreign Individual**\*** [ ] Foreign Entity**\***  [ ] Corporation [ ] Limited Liability Company [ ] Partnership [ ] Non-Profit [ ] Public Entity Signature of Contractor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date Signed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Printed Name and Title of Contractor \_      \_ |
| \***If the box is checked for either a Foreign Individual or Entity, please contact Business Affairs Tax Analyst regarding tax withholding.****University**:By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Printed Name: \_\_\_      \_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_      \_\_ |