

**PROFESSIONAL SERVICES AGREEMENT BETWEEN**

\_\_\_\_\_

**AND**

**LSU HEALTH FOUNDATION, NEW ORLEANS**

**AND**

**THE DEPARTMENT OF \_\_\_\_\_**

This agreement is made and entered into by and between \_\_\_\_\_, hereinafter referred to as "CONTRACTOR," and the LSU Health Foundation, New Orleans and the department of \_\_\_\_\_, hereinafter referred to as "FOUNDATION."

In consideration of the mutual promises contained herein, and intending to be bound, the parties hereby agree as follows:

PERIOD OF CONTRACT. This contract shall become effective on \_\_\_\_\_ and terminate no later than \_\_\_\_\_.

DESCRIPTION OF SERVICES.

\_\_\_\_\_

\_\_\_\_\_

AMOUNT AND TERMS OF PAYMENT. The maximum amount payable by the Foundation to Contractor shall not exceed \_\_\_\_\_ (hourly / monthly / annually). This total shall include reimbursement for professional time and all related expenses. Payment to Contractor will be made upon satisfactory performance and will be paid from Foundation account number \_\_\_\_\_.

PAYMENT OF TAXES. Contractor hereby agrees that the responsibility for payment of taxes from the funds thus received under this agreement shall be the sole obligation of Contractor identified by Social Security Number \_\_\_\_\_.

The terms and conditions set forth herein constitute the entire agreement between Contractor and the Foundation.

FOR THE DEPARTMENT

This agreement is in compliance with all Board of Supervisors, University System and regulatory agency policies including all local, state and federal laws.

\_\_\_\_\_  
DEPARTMENT HEAD

LSU HEALTH FOUNDATION, NEW ORLEANS

FOR THE CONTRACTOR

\_\_\_\_\_  
CHIEF FINANCIAL OFFICER

\_\_\_\_\_  
CONTRACTOR'S SIGNATURE

NAME:  
ADDRESS: