Date

Name

Address

Dear Program Reviewer,

It is my pleasure to put into writing the agreement for professional services between you and Ithaca College. I understand that you agreed to perform the duties of a program review on XXX Department, which includes the following services : XXXX

We are pleased to offer an honorarium of $XXX and to be responsible for the following expense/s {IF APPLICABLE}:

* Round trip coach airfare for Contractor <or bus fare, etc> from <City, state> to Ithaca, New York. Airfare shall be arranged and paid by Ithaca College (Or airfare shall be arranged and paid by Contractor and then reimbursed by the College pursuant to the terms of the agreement.)
* Ground transportation from the Ithaca airport (or another airport within 80 miles of Ithaca) to campus or hotel, as well as transportation between hotel and campus.
* Overnight accommodations for # days which will be billed directly to the college (or: overnight accommodations for # days, which will be reimbursed to Contractor pursuant to the terms of this agreement.)
* The following meals will be arranged and provided by the College: <Insert info here> (Or: Contractor will be reimbursed for meals on the following dates <insert dates> pursuant to the terms of this agreement. The daily maximum amount for meal reimbursement is $XX)
* Contractor shall be responsible for his or her own ground transportation to the departure airport, which will be within 80 miles of the <departure city>.

The college shall pay the honorarium {WITHIN 30 DAYS} following the completion of services and upon our receipt of your completed W-9 form (see enclosed).At all times during this agreement, you shall be deemed an independent contractor with respect to Ithaca College and shall indemnify and hold harmless the College from payment of any benefits, insurance, or taxes, as well as any damages or claims arising from your negligent acts or omissions in connection with this agreement. In the event that Ithaca College has agreed to reimburse you for specific pre-approved expenses, you must submit an invoice for any reimbursement requested, specifying its expenses and attaching original receipts.

If either party is unable to fulfill obligations of this agreement on the specified date by reason of *force majeure,* both parties are relieved of obligations. Under such circumstances, the event shall be rescheduled for another date that is mutually agreed to by the parties. For purposes of this agreement, the term *force majeure* shall mean fire, earthquake, flood, acts of God, strikes, common carrier transportation disruption, work stoppages or other labor disturbances, riots or civil commotion, war or other act of any foreign nation, power of government or governmental agency, or authority of either party. In the event that you cancel this agreement within 60 days of the date(s) of services, the College shall be entitled to repayment of any deposits or advance payments made to you as well as reimbursement of any funds expended, including non-refundable airfare.

 If the terms of this letter are agreeable, please sign below, and return the original in the enclosed envelope by XX/XX/XXXX. An additional copy is enclosed for your records.

Sincerely,

<Faculty Name>

<Department Name>

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of H&S Dean or Associate Dean Date

I accept the terms of this agreement as stated above:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

<Name of Program Reviewer> Date