Shoreline Community College - District Number Seven
16101 Greenwood Avenue North, Seattle, WA 98133-5696
Non-Employee Agreement for Services

This agreement is made and entered into on       between Shoreline Community College - District Number Seven, hereinafter called the “College,” and      , hereinafter called the “Vendor.” The Vendor address is Street:      , City:       State:       and Zip Code:      .

This agreement shall be effective with the signatures of authorized representatives for the College and the Vendor, and the issuance of a purchase order (as applicable) by the College purchasing authority through established procedures.

## DESCRIPTION OF SERVICES PROVIDED

The Vendor agrees to provide the following services as described herein or on attached documents (include full description with date or dates of service, reports required, and other meaningful requirements):      .

## COMPENSATION AND PAYMENT

Compensation shall be limited to an amount of $       (     00/100 dollars) and shall be based on the following:      .

For shorter-term contracts, please complete an internal college Voucher Request Form (VRF) with relevant ctcLink budget codes. Submit the VRF and an invoice from the Vendor with a description of service(s) that includes date(s) of service, who provided service(s), time spent, and cost or hourly fee amount of service(s). For longer-term (annual) contracts, you may elect to generate a purchase order in ctcLink. For annual POs (encumbrances), no VRF is required. Please send VRFs (as applicable) with invoices to:

Shoreline Community College
**Financial Services – Accounts Payable** accountspayable@shoreline.edu 16101 Greenwood Ave. N.
Shoreline, WA 98133

## VENDOR ACCEPTANCE & STATEMENT

The Vendor hereby acknowledges that they are acting as an independent contractor to provide the goods and/or services outlined in this agreement to the College, and that no employee/employer relationship exists between the College and Vendor. The Vendor further accepts responsibility for reporting and payment of local, state, or federal taxes which may be due and payable as a result of this agreement.

I hereby certify that I am authorized to sign as the Vendor or the agent thereof, and hereby accept the terms, conditions, and compensation as specified in this agreement.

Vendor’s Signature:       Date:

Print Name:       Title:

Email:       Phone:

Federal Tax Identification #:       **(Please attach a current W-9 form)\***

College Budget Number:       (ctcLink budget code)

College Signing Authority: Date:

 Joe Mazur, CPA

 Vice President, Business & Administrative Services

\*Independent contractors/consultants may use their Social Security number as a Federal Tax Identification number.