

University of Pennsylvania

Limited Engagement Agreement - Global

Services Performed Outside the United States

This Agreement is between **The Trustees of the University of Pennsylvania** and the Service Provider named below and effective as of: ____ / ____ / ____ (today's date).

1. Service Provider Information

- **Full Legal Name:** _____
 - **LLC Name (if applicable):** _____
 - **Citizenship:** _____
 - **Permanent Address:**
 - Street: _____
 - City/State/Province & Postal Code: _____
 - Country: _____
 - **Email:** _____
 - **Phone Number:** _____
-

2. Service Information

- **Start Date (month/day/year):** ____ / ____ / ____
- **End Date (month/day/year):** ____ / ____ / ____

Description of Services (*please be detailed, including required deliverables*):

- **Primary Physical Location (Country) where services will be performed:**

Does service provider have the legal right to perform these services in the country indicated above?

Yes - No

3. Payment Information

- **Total Service Fee Amount (in USD only):** \$ _____
 - * Fee amount should be inclusive of any expenses

Note: You are responsible for any taxes owed in your home country or the country where you perform services. The University does not withhold foreign taxes.

4. Compliance Requirements

You agree to follow all applicable laws and regulations of both the service country and the United States, including anti-bribery laws, sanctions rules, and export controls.

5. Legal Status Confirmation

By checking* below, you confirm the following:

- I am legally permitted to perform services in the country listed.
- I am providing services as an independent contractor, not an employee.
- I am **not** an employee or enrolled student of the University of Pennsylvania or its Health System.

*If both boxes are not checked, please explain your relationship to Penn: _____

6. Terms & Conditions

This Agreement incorporates the University's current terms and conditions available at:
<https://procurement.upenn.edu/doing-business-penn/po-terms-conditions>

7. Signatures

Service Provider

I certify that the information provided is complete and accurate. I agree to notify the University if my status or information changes.

- **Printed Name:** _____
- **Signature:** _____
- **Date:** ____ / ____ / ____

University of Pennsylvania Procurement Contracting

- **Printed Name:** _____
- **Title:** _____
- **Signature:** _____
- **Date:** ____ / ____ / ____