

University of Pennsylvania

Limited Engagement Agreement - US Person

Services performed within the US by a US Person

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:** _____
- **Permanent Address:**
 - Street: _____
 - City/State/Province & Postal Code: _____
- **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):

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- **Primary physical location where services will be performed:** _____
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3. Payment Information

- **Service Fee Amount:** \$ _____
* Fee amount should be inclusive of any expenses

4. Service Provider Confirmation

By checking below*, you confirm the following:

- 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:* _____

5. Terms & Conditions

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

6. 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:** ____ / ____ / ____
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