

## **Limited Engagement Agreement U.S. Persons**

A Limited Engagement Fee is a payment to an individual (non-employee, non-student) for providing a service of an academic nature, short duration, typically less than 30 days, and/or low dollar amount (\$1,000 or less per transaction; \$5,000 per calendar year max). This is intended for guest speakers, guest lecturers, artists, performers, writers/editors, board members, critics, preceptors, and mentors or those services meeting the fee guidelines. It is not designed for engagements that create a material risk of physical injury or property damage. For these high-risk engagements requiring insurance, the Independent Contractor Agreement form should be used.

## **Service Provider Information**

Legal Nam	e of Individual		
Address (s	treet, apt. or suite no., or rural route)		
City, State	and Zip Code		
Email		Phone Number	
ducational	nent is made by and between the Trustees of corporation ("University"), and		Pennsylvania tax exempt
The parties	agree as follows:		
1.	ENGAGEMENT: Individual will provide a service	e on:	date(s)
2.	DESCRIPTION OF SERVICES:		
3.	LOCATION OF SERVICES:		
4.	PAYMENT/TAXES: University will pay Individual the sum of \$ in U.S. dollars based upon applicable payment terms. Effective January 1, 2018, the University is required to withhold Pennsylvania state tax on payments to individuals who are non-Pennsylvania residents and who are performing services in Pennsylvania. The University will comply with all U.S. federal, state, or local withholding requirements on income or other payroll taxes on behalf of the individual. All travel expenses must be included on the invoice and should be billed as a separate line item. The University will issue an IRS 1099-NEC for all payments of \$600 or more withing a calendar year.		
5.	<b>SERVICE PROVIDER: Individual</b> will be participagent of University.	pating in the Engagement as a service prov	rider and not as an employee or
6.	SERVICE PROVIDER attests they are not an enroll Pennsylvania, including the Health System or any sul		of the University of
	WHEREOF, the parties hereto have caused this Agreen et forth above.	nent to be duly executed by their respective	e authorized representatives as of
			07222024

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Signatures					
S	ervice Provider				
	Print Name				
	Date	Signature			
C	Compliance Specialist Approval for the Trustees of the University of Penn	sylvania			
	Print Name	Title			
	Date	Signature			