



CONTRACT FOR PROFESSIONAL SERVICES

Contractor Name

1. **Performance Dates:** Contractor shall begin performing the Contract on _____, 20____.
(Month/Date)

Contractor shall finish performing the Contact on _____, 20____.
(Month / Date)

2. **Types of Services:** Check the appropriate box.

- Consulting
- Technical Support
- Speaking/Facilitating/Presenting
- Teaching/Instruction Services
- Other _____

2.1. **Specific Services:** In detail, describe the Services or attach a description to this Form, identifying the program or project, if applicable; the need for the Services; what will be done; and any deliverables (such as reports, analyses, designs):

2.2. **Licenses/Certifications.** _____

2.3. **Location.** Contractor will perform the Services at: _____

3. **Fees / Payments for Services Provided.**

\$ _____	Per Hour	Total Hours _____
\$ _____	Per Day	
\$ _____	Per Month	
\$ _____	Per Year	

Total \$ _____

**NOTE: Amounts paid to any individual in excess of \$600 in a calendar year will result in a Form 1099 being issued and reported by law to the individual and the Internal Revenue Service as miscellaneous income.*

4. Method and Time of Payment.

To be paid, Contractor must submit an itemized invoice. The invoice must specify the Services provided, which must match the description in Paragraph 2.1; the dates of and work performed during the billing period; and the specific dollar amount. Contractor shall be paid at the end of the Contract unless a schedule of progress

Invoices for progress payments must specify the actual work performed.

5. Certification. Contractor certifies that it is an independent contractor.

I understand contractors are not employees of the LACC Foundation.

I understand I am not paying into unemployment, thereby I will not be eligible for unemployment benefits when I complete my contract with the LACC Foundation.

CONTRACTOR

Signature: _____ Tax ID No.: _____

Name: _____ Phone No.: _____

Title: _____ Fax No. : _____

Date: _____ Address: _____

Contractor is a: Corporation LLC Partnership Sole Proprietorship (an individual)

LOS ANGELES CITY COLLEGE

(Dean, Dept. Chair, Project Dir. or Committee Chair)

Signature: _____

Signature: _____

Name: _____

Name: _____

Title: _____

Title: LACC President

Date: _____

Date: _____

LACC FOUNDATION

Signature: _____

Name: Lisa Nashua

Title: Executive Director

Date: _____