INDEPENDENT CONTRACTOR INVOICE AND TERMS

Use: Academic Consultants involving a sum less than $1,000

1. Independent Contractor's Name: _____

   If an individual: ___ US Citizen ___ Resident Alien ___ Non-Resident Alien

2. Description of services to be performed: _____

3. Dates of services: _____

4. Total fee due for services: _____

5. Reimbursable expenses: _____
   * Must provide backup documentation satisfactory to NSU

6. Total amount due (fee plus expenses): _____

7. IC is responsible for to pay all taxes on the fees paid by NSU.

8. IC shall have no right, title or interest in or to any of the deliverables provided to or other work done for NSU in connection with IC's performance of services, and that NSU shall be the sole owner of the same.

9. If IC uses copyrighted materials or documents not owned by NSU ("Copyrighted Materials"), IC (i) represents and warrants that it owns, or is licensed to use and to authorize others to use, the Copyrighted Materials and (ii) will, at his/her/its expense, indemnify and defend NSU against any claim that NSU's use of the Copyrighted Materials infringes a trademark, copyright or other intellectual property right of a third party. This obligation shall survive the expiration or termination of these terms.

10. In the course of performing services for NSU, IC may gain access to certain nonpublic information that is either confidential (e.g., business operations, faculty or student information) or proprietary in nature (e.g., exam content) to NSU and unauthorized disclosure of which could cause irreparable damage to NSU, its employees or students. IC agrees that all confidential and proprietary information, including student information, is confidential and shall be held in strict confidence, and that IC and will not use or disclose to any other person or entity, any confidential or proprietary information of NSU or that of its respective employees, agents and patients except with their written authorization of the affect party or patient unless such disclosure is required by law. This obligation shall survive the expiration or termination of these terms.

Independent Contractor:

_____
Signature Date

_____
Print Name of Individual/Entity

_____
Title (if a business entity)

Adress:
_____
_____
_____
Email:_____
(W-9 or W-8BEN is required prior to payment)

Nova Southeastern University, Inc.

_____
Signature Date

_____
Print Name of Signatory

_____
Title

Address:
_____
_____
_____
Email:_____