UNIVERSITY OF RICHMOND
RICHMOND
School of Professional & Continuing Studies™

Contract for Instructional Support Services

This contract is made between the University of Richmond School of Professional and Continuing Studies (hereafter known as "SPCS") and the individual named below for instructional support services for the course(s) identified.

Applicable Course

Instructor: _____ Today's Date: _____

Course: _____
Subject Number Section Title

Term: ☐ Fall ☐ Spring ☐ Summer Academic Year: _____

Instructional Support Provider

Name of Provider: _____

Mailing Address: _____
Street Address City State Zip Code

UR Employee? ☐ Yes..... Provide **UR Identification Number**: _____

☐ No ..... Provide **Social Security Number**: _____

This contract is made between the individual named above and the SPCS for the following service:

☐ Cooperating Teacher – TLP Program [Honorarium of $_____]

☐ Child Abuse presentation on _____ [Honorarium of $_____]
Date

☐ Other Service Provided: _____ [Honorarium of $_____]

It is understood that honoraria and/or fees paid for services rendered may be reported to the IRS as taxable income.

_____
Signature of Person Providing the Service *Date*

Approval Signature (for payment)

_____
Danica Núñez, Manager, Administrative & Technical Services, SPCS *Date*

Routing

1. SPCS Team Member: Distribute and collect as needed for instructional support services.
2. Instructional Services Provider: Complete and return to the SPCS team member who provided the form to you.
3. SPCS Team Member: Forward completed and signed form to Danica Núñez, SPCS, for processing and payment.

Rev. 3/22/16