

## MEMORANDUM OF UNDERSTANDING

**INSTRUCTIONS TO PROJECT DIRECTOR:** This form is to be used when the total amount to be paid to the Independent Contractor is under \$5,000. Please complete all of the information requested below and submit along with the Contractor's list of clients, original invoice, and Payment Request to the Accounts Payable department.

Is the person a Research Foundation employee? \_\_\_\_\_ Former employee? \_\_\_\_\_ When \_\_\_\_\_  
Is the person CUNY faculty? \_\_\_\_\_ Former Faculty? \_\_\_\_\_ When?

This agreement is entered into between the Research Foundation (CUNY), on behalf of \_\_\_\_\_  
\_\_\_\_\_ to engage the services during the period from \_\_\_\_\_ to \_\_\_\_\_  
(college)

Please describe in detail the Independent Contractor's services being performed (attach scope of work):

The Contractor \_\_\_\_\_ agrees, nothing in this Agreement shall impose any tax liability upon the Foundation, including, but not limited to, federal, state, and local income taxes, unemployment insurance, or social security tax, incurred by the Contractor or persons engaged by him. The Contractor agrees to indemnify the Foundation and hold it harmless from any and all claims for such payments by taxing authorities, including but not limited to fines, penalties, levies, and assessments, for failure to withhold or remit such payments.

Upon satisfactory completion of the services, you will be paid \$\_\_\_\_\_ which will include all disbursements. The total amount of compensation is not to exceed \$\_\_\_\_\_

\_\_\_\_\_  
Project Director (Signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Project Director (Print Name)

\_\_\_\_\_  
Tel. #

**The above Agreement is accepted:** \_\_\_\_\_

\_\_\_\_\_  
Contractor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contractor's Home Address

\_\_\_\_\_  
Taxpayer Identification #