

Independent Contractor Agreement

I, _____, of _____ have agreed to perform the following services: **Invited Speaker for Physical Therapy Grand Rounds** on _____ for a fee in the amount of **Two Hundred Dollars (\$200.00)**. I agree to share my power point & presentation information on the DPT website which will be free of any patient sensitive or copy-written information.

<i>To be Completed by Contractor</i>	<i>To be Completed by University</i>
_____ Signature	Joseph Schreiber PT PhD _____ Budget Administrator (print)
_____ Address	_____ Budget Administrator Signature
_____ Address	412-365-1358 _____ Phone
_____ Phone	_____ Division Vice President (print)
_____ Social Security or Employer ID Number	_____ Division Vice President Signature
_____ Date	_____ Date

Please sign and complete this form and return to the DPT Administrator

Thank You.

For College Use Only:

Signed contract must accompany check request form to the Accounts Payable Office