



**KSU Education Abroad International Service
Provider Agreement Instructions**

The Kennesaw State University (“KSU”) Education Abroad International Service Provider Agreement should be used primarily for lectures and other academic activities that contribute to, support or form a part of, the program goals and/or educational content of an Education Abroad (EA) course or program that is administered outside of the United States. Services performed may include, but are not limited to, class lectures, classroom presentations or academic program guides to support students and faculty. **The EA International Service Provider Agreement is a fixed, short-term arrangement with an individual or entity for services valued at \$201 USD or more.**

1. As the KSU Representative arranging the activity, the Faculty Program Director is required to sign off on the agreement in the approval section prior to the form being submitted.
2. Complete the EA International Service Provider Agreement Form. Please note the following:
 - Representative Information: The KSU Representative is the individual hosting or arranging the service or activity. In most instances this will be the Faculty Program Director.
 - Indicate the total intended payment **amount** in the Agreement.
 - Any additional expenses related to hiring the service provider such as travel, food, lodging or ground transportation (if agreed upon) must be listed.
 - KSU will pay the Service Provider upon completion of services
3. Obtain a signed Form W-8BEN or Foreign Supplier Profile Form from the service provider prior to program departure, if possible.
4. Forward signed copy of contract to the Education Abroad Office for review and routing, prior to program departure, if possible.
5. Copy of contract, W-8BEN or Foreign Supplier Profile Form and signed receipt, verifying payment of services must be submitted with travel expense reconciliation.

Approvals			
REQUIRED AUTHORIZATIONS	SIGNATURE	NAME PRINTED	DATE
Faculty Program Director			
Education Abroad Office			
International Tax Specialist (If foreign national)			
Human Resources			



**KSU Education Abroad International Service
Provider Agreement**

This Agreement is entered into between _____ (“Provider”) and the Board of Regents of the University System of Georgia by and on behalf of Kennesaw State University (“KSU”) for the services specified below.

Provider Name: _____

Provider Email: _____ Provider Phone: _____

KSU Representative: _____

KSU Representative Email: _____ KSU Representative Phone: _____

Program Name: _____ City/Country: _____

Program Start Date: _____ Program End Date: _____

Description of Services:

Service Dates: _____

This Agreement is between the Provider and Kennesaw State University (“KSU”). The KSU Representative identified above will act on behalf of KSU for the services described.

Neither the Service Provider nor KSU will be required to perform its obligations due to acts or regulations of public authorities, labor difficulties, civil tumult, inclement weather, strike, epidemic, interruption or delay of transportation service, or any other legitimate cause beyond the control of Provider and KSU.

Either party may terminate this Agreement immediately by providing the other party a written notice of termination. Upon termination, Provider will be paid only for the work actually completed or services provided.

Compensation is not payable in the event that the Service Provider is medically unable or for other extenuating circumstances unable to complete the services as described above.

Fees and Payment Schedule:

Total Amount of Payment: \$_____. **Service Provider is responsible for all expenses, unless specified below.**

Compensation Payable to: _____

Payment to be Issued on: _____

Additional Expenses Provided by KSU: _____

The Provider, by their signature below acknowledge that they are an independent contractor, are not employed by Kennesaw State University and are solely responsible for all applicable taxes.

Provider:

Provider Name: _____

Title (if applicable): _____

Signature: _____

Date: _____

Kennesaw State University:

Representative Name: _____

Title: _____

Signature: _____

Date: _____