PROFESSIONAL SERVICES AGREEMENT BETWEEN

_____

AND

LSU HEALTH FOUNDATION, NEW ORLEANS

AND

THE DEPARTMENT OF _____

This agreement is made and entered into by and between _____, hereinafter referred to as "CONTRACTOR," and the LSU Health Foundation, New Orleans and the department of _____, hereinafter referred to as "FOUNDATION."

In consideration of the mutual promises contained herein, and intending to be bound, the parties hereby agree as follows:

PERIOD OF CONTRACT. This contract shall become effective on _____ and terminate no later than _____.

DESCRIPTION OF SERVICES:

_____

_____.

AMOUNT AND TERMS OF PAYMENT. The maximum amount payable by the Foundation to Contractor shall not exceed _____(hourly / monthly / annually). This total shall include reimbursement for professional time. Travel and related expenses will be submitted and paid separately. Payment to Contractor will be made upon satisfactory performance and will be paid from Foundation account number _____.

PAYMENT OF TAXES. Contractor hereby agrees that the responsibility for payment of taxes from the funds thus received under this agreement shall be the sole obligation of Contractor identified by Social Security Number (SSN, EIN or TIN) _____.

The terms and conditions set forth herein constitute the entire agreement between Contractor and the Foundation.

FOR THE DEPARTMENT:

This agreement is in compliance with all Board of Supervisors, University System and regulatory agency policies including all local, state and federal laws.

_____ _____

DEPARTMENT HEAD DEAN OR AUTHORIZED REPRESENTATIVE

LSU HEALTH FOUNDATION, NEW ORLEANS: FOR THE CONTRACTOR:

_____ _____

PRESIDENT & CEO CONTRACTOR'S SIGNATURE

NAME:

ADDRESS: