

Mississippi State University Reimbursement Agreement

Thank you for your willingness to participate in _____
(Program) at Mississippi State University (MSU) on _____. In consideration of
your participation in the Program, you will be paid or reimbursed for necessary expenses as
follows: _____

As a participant in the Program, you will be considered an independent contractor of MSU and will not, under any circumstances, be considered a servant, agent, or employee of MSU. At no time will MSU be legally responsible for any of your acts or omissions. MSU will not provide any insurance coverage or other benefits, including without limitation, workers' compensation insurance. MSU also will not be responsible for withholding any federal or state unemployment tax, federal or state income taxes, Social Security taxes, or any other amounts. You will receive an IRS Form 1099 for any payments received from MSU.

Again, we appreciate your willingness to assist MSU with the Program.

Sincerely,

(Dean/Department Head/Budget Manager)

By signing below, I acknowledge and agree to the terms and conditions stated above:

Name and Address of Participant

Signature of Participant

Date

Jeremy Clay
Director of Contract Administration

Date