



NEBRASKA
WESLEYAN
UNIVERSITY

PERFORMANCE AGREEMENT

Name: _____

Address: _____

The enclosed is in confirmation of our agreement for professional services.

Date & Time of Service: _____

Nature of Service: _____

Compensation: _____

Additional Compensation:

Compensation will be distributed according to Internal Revenue Service regulations and university policies at the end of the class (s). The university reserves the right to withhold payment if all services are not completed as agreed upon. Please sign one copy and return.

Date: _____

Signed: _____

Speaker/Lecturer/Performer

Social Security Number

Date: _____

Signed: _____

University Representative

Title