**Salary Reimbursement Agreement between The University of Texas Health Science Center at Houston and (“Insert Agency’s Name Here”)**

This Agreement, entered into on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, between The University of Texas Health Science Center at Houston (hereinafter “UTHSCH”) and the (“Insert Agency’s Name Here”) (hereinafter (“Insert Agency Initials Here”) observes that:

A. For the period \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_, UTHSCH will reimburse (“Insert Agency Initials Here”) for the services of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, who will provide research assistance in connection with UTHSCH’s NIH grant R01-CA38515. Mr/Ms. \_\_\_\_\_\_ is, and shall remain, an employee of (“Insert Agency Initials Here”). Mr/Ms. \_\_\_\_\_\_ will be supervised by Dr. \_\_\_\_\_\_\_\_\_\_\_ at (“Insert Agency Initials Here”).

B. The reimbursement to be paid to (“Insert Agency Initials Here”) by UTHSCH shall be \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dollars ($\_\_\_\_.\_\_) per month for the term beginning \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and ending \_\_\_\_\_\_\_\_\_\_\_\_.

C. Payments to (“Insert Agency Initials Here”) shall be made within 30 days after receipt of monthly invoices from (“Insert Agency Initials Here”) indicating:

1. Name of individual providing service
2. Salary amount
3. Benefits amount
4. Period Covered

D. Termination of this Agreement prior to its expiration date shall require thirty (30) days advance written notice by either of the parties.

E. (“Insert Agency Initials Here”) agrees to indemnify and hold The University of Texas System (“System”), the University, their Regents, officers, agents and employees harmless from any liability, loss or damage they may suffer as a result of claims, demands, costs or judgments against them arising out of the activities to be carried out pursuant to the obligations of this Agreement, including, but not limited to, the use by (“Insert Agency Initials Here”) of the results obtained from the activities performed by University under this Agreement; provided, however, that any such liability, loss or damage resulting from the following Subsections “1” or “2” is excluded from this Agreement to indemnify and hold harmless:

1. the negligent failure of University to substantially comply with any applicable FDA or other governmental requirements; or
2. the negligence or willful malfeasance of any Regent, officer, agent or employee of University or System.

F. Reports as required shall be coordinated by UTHSCH Principal Investigator, Dr. \_\_\_\_\_\_\_\_\_\_\_\_\_\_.

G. Notices, correspondence, billings, payments and all other communications shall be addressed to UTHSCH as follows:

Contracts and Grants Management  
The University of Texas   
Health Science Center at Houston  
P. O. Box 20036  
Houston, Texas 77225-0036

and to (“Insert Agency Initials Here”) as follows:

(“Insert Agency’s Name Here”)

H. This Agreement supersedes any and all other discussions, negotiations and representations of any kind and represents the entire agreement of the parties concerning the subject hereinabove mentioned. No modification of this Agreement shall be effective until such modification is reduced to writing and signed by both parties.

**THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT HOUSTON**

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(“Insert Agency Initials Here”) Account #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(“Insert Agency’s Name Here”)**

By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_