

Compensation Agreement - Waiver of Payment

I,	(speaker's name)	, am performing services	s for St. Louis University on (d	ate of service).		
l wa	I waive my right to any compensation or expense reimbursement to which I would be entitled.					
I understand, as a result, St. Louis University may retain the amount that would have been spent on						
my behalf. I am entering into this agreement prior to beginning the engagement for						
St. Louis University, which would have entitled me to this compensation. I understand						
that the University has complete discretion over the use of these funds.						
Furthermore, I understand that as a result of this agreement, I will receive no taxable income						
fror	n my services rendered	d, nor will I receive a charit	table contribution deduction	for the foregone		
inco	ome.					
Sigr	nature		Date			
Prir	ited Name					
8.						