HUNTER

The City University of New York

APPLICATION TO BE COMPENSATED FOR
SERVICES RENDERED

Payable to: _____

Please Print

Address: _____

_____

Soc. Sec. No: _____-_____-_____   Telephone No: _____

(**Please include a copy of payee's Social Security card and event information along with this form**)

Services Rendered: _____

Date(s) of Service: _____   Amount to be paid: _____

---

*CUNY Employee Status

_____ I certify that **I am not** an employee of the City University of New York (CUNY).

_____ I certify that **I am** an employee of CUNY and:

_____ My services were provided **during** my regular working hours.
_____ My services were provided **outside of** my regular working hours.

***Payee must complete this section for request to be processed**

Signature of Payee: _____   **Date**_____

Authorized Signatory: _____

Please Print

_____

Signature

_____

Date

Accounting Department Telephone (212) 772-4373