

1. What is the funding source? State tax funds or non-tax levy?

NON-TAX LEVY

2. What goods & services are you getting?

GUEST ARTIST

3. Contact or Vendor Name/ Sales Rep's Name:

4. Company Name (if applicable)

5. US TIN #, EIN # or Social Security #

6. Address

7. Email address

8. Telephone number

PLEASE READ BEFORE SUBMITTING THIS

This info will be used by CUNY in order for a private link be sent to you. You will use this link to create a *vendor profile in CUNYbuy*.

If you do not create this profile, you cannot be paid.

Once the profile is set up AND the service has been provided, payment can be submitted for processing.

STOP

If you are or have been a CUNY employee within the last 2 years OR a CUNY student in any CUNY school, do not fill out this paperwork.

Immediately notify the person who sent this to you.

CUNY By-Laws require that this agreement **must** be used whenever a student organization is contracting for payment of fees to a speaker or performer and other individuals rendering services.

The College Association of Hunter College Contract

AGREEMENT between _____
a student organization chartered by the _____ Student
Government and _____ in person, or by
a representative who exhibits, in advance, properly set forth
written authorization that he/she/it has written authority to enter
into this specific agreement for the specific date and time stated
below and at the specific terms set forth; and if signed by the
agent, he/she/it guarantees performance under those terms and on
date and time set forth below:

1. Date of performance or event: _____
2. Time-length of performance or of event: _____
3. Place of performance or event: _____
4. Nature of performance or event (details-how many persons in
orchestra or other event): _____

5. Equipment: (to be supplied by whom) _____

6. Security services: (who is to pay for security) _____

7. Costs of advertising: (who is to pay) _____
8. Costs of travel, hotel, etc.: (who is to pay) _____
9. Amount of payment to be made: * _____
10. Method of payment in full:
 - a. At one time (date) _____
 - b. If several payments (dates of each): _____
 - c. Time of Final Payment (date): _____
11. Neither party hereto shall have the right to cancel, except
upon written agreement of the other. _____
12. **This agreement shall not be operative until an authorized
person from The College Association of Hunter College has
signed this agreement at the place indicated prior to the
event (see Nicole Hector-Hutchinson, Room TH203)**
13. MISCELLANEOUS TERMS _____

**EXHIBIT 1
INDEPENDENT CONTRACTOR SERVICE CLAIM FOR PAYMENT**

(Instructions: This Claim for Payment form is to be submitted with the Contractor's invoices)

I. PAY TO (please print):

PAYEE FIRST NAME	PAYEE LAST NAME
HOME ADDRESS	
CITY, STATE, ZIP	TELEPHONE NUMBER () -
PAYEE EIN (LEAVE BLANK IF SSN)	FAX NUMBER () -
DEPARTMENT NAME TO BE CHARGED	DEPARTMENT NUMBER TO BE CHARGED

II. DESCRIPTION OF SERVICES:

III. DATES OF SERVICES:

FROM	TO
FROM	TO

IV. PAYMENT/REIMBURSEMENT AMOUNT:

1. Services (complete A **or** B):
 - A. Contract Fee \$ _____
 - B. Rate per hour/day \$ _____ x hours/days _____ \$ _____
 2. Travel Expenses (non-employee only - refer to current travel guidelines):
 - A. Transportation (\$ ____/mile x _____ miles) \$ _____
 - B. Lodging (Amount/Day _____ x _____ days) \$ _____
 - C. Meals (non-employee per diem only) \$ _____
 - D. Other (attach explanation/justification) \$ _____
- TOTAL: \$ _____

V. PAYEE CERTIFICATION:

I certify that the above-listed services have been performed and that the reimbursement claimed is a true and accurate representation. I further certify that I have not been on the New York State or a CUNY or SUNY payroll during the last two years.

_____ Signature _____ Date _____
Print Name

VI. UNIVERSITY/COLLEGE DEPARTMENT AUTHORIZATION:

I certify that the above-listed services have been performed, that the reimbursement claimed is true and accurate, and that the charges are authorized against the account number listed above.

_____ Signature _____ Date _____
Print Name