CONTRACT REQUEST FORM

This form is used whenever an outside vendor is coming to campus to provide services.

PERSONAL INFORMATION (Who is being paid)

Legal Name of Individual or Organization:___________________________________________________________

Legal Address:________________________________________________________________________________

Contact Email:________________________________________ Contact Phone: ______________________________

Is this person a U.S. Citizen (if individual): ☐ YES ☐ NO

PAYMENT INFORMATION (All inclusive honorariums are always preferred)

Total Amount Being Paid As Honorarium: $________________________________________________________

Does This Honorarium Include (check all that apply): ☐ Hotel Arrangements
☐ Travel Costs (Mileage Costs, Plane, Train, or Bus Ticket, etc.)

If Not All Inclusive, Please Check What Needs to be Purchased Separately (check all that apply):
☐ Hotel Arrangements ☐ Plane Ticket ☐ Train Ticket ☐ Bus Ticket

EVENT INFORMATION

Event Name:___________________________________________________________________________________

Event Date: __________________________ Event Location: _____________________________________________

Description of Services Being Provided (i.e. Musical Performance, Lecture, Workshop, Film Screening):
____________________________________________________________________________________________
____________________________________________________________________________________________

SIGNER AUTHORIZATION

Print Name:________________________________ Signature: __________________________ Email: ____________

Print Name:________________________________ Signature: __________________________ Email: ____________

Student Group Name: __________________________________________ Account Number: _____________

Approved By:________________________________ Date: ______________

Assistant/Associate Dean of Students