

Graduate Student Organization Request for Funding/Reimbursement

Graduate Student Organization Name (please do not abbreviate)		Today's Date	
Name of person submitting this form		Position in Organization	Hofstra ID Number
Hofstra Email Address		Telephone Number	
Name of event and brief description of expenditures			
Signature (By signing you acknowledge that all attached information is correct.)		Amount Requested	Date of Event
Methods of Payments			
<p>Purchase Request – attached purchase request and quote. IF quote is over \$2500 three bids must be attached. Check Request – attach request along with invoice or single engagement, guest lecturer or musical accompaniment contract. Budget Transfer – attach Hofstra University Budget Transfer Form.</p> <p>NOTE: When requesting a payment for a restaurant or the University Club, a membership list must be submitted within 10 days of your event. When holding an event at a restaurant, catering establishment or the University Club, all contracts must specify that it is a "Cash Bar". Cash advances must be cleared with ten days of your travel. Cash advances for the semester must be cleared by the last day of classes. No outside bank accounts are allowed.</p>			
Advisor Name		Advisor Department	
Advisor Email Address		Advisor Phone Number	
Advisor Signature (I have reviewed the information and verify that these charges are directly related to this organization's programs)			Date
OSLA Budget Coordinator	Comments	Current Balance	Date
OSLA Advisor			Date
Comments			

For Internal Use Only

Date Received: _____

Contract #: _____

HOFSTRA UNIVERSITY

CONTRACT APPROVAL FORM – Cover sheet for Contract

(attach Contract Advisement Form and two original Contracts to this form)

CONTRACT

I have reviewed the contents of this contract/agreement on the date indicated by my name, and I concur with the content, acknowledge the University’s responsibilities and capabilities, and verify the budget proposed therein. I have also reviewed and agree with the attached contract Information Form describing the contract and its value to the University and verify budget approval by the appropriate Director, Dean or Vice President

() _____

Pamela M. Orefice –Assistant to Executive Director OSLA

() _____

Sarah M. Young – Executive Director OSLA

() _____

Peter J. Libman – Dean of Students

() _____

Sandra Johnson – VP Student Affairs

() _____

Robyn Kaplan – Associate Director - OSLA

() _____

Stanley Cherian – Associate Director - OSLA

() _____

() _____

Approved as to insurance requirements:

By: _____

Date: _____

Approved, Office of General Counsel:

By: _____

Date: _____

HOFSTRA UNIVERSITY
Independent Contractor-Single Engagement Agreement

COVER SHEET

Date of Agreement: _____
Responsible Contracting Party: _____
(must be individual or full corporate name): _____
Hofstra University Department or Sponsor: _____

INVOICE

COMPANY NAME HERE

Company Address: _____

Phone: _____

Fax: _____

Website: _____

Check Payable to
(Payee must be same as
Contracting Party): _____

Tax I.D. Number of Payee: _____

Service to be provided: _____

Date of Event : _____

Type of Event: _____

Location: _____

Time and Duration of
Event: _____

Number of Sets: _____

Length of Sets: _____

Total Amount Due: _____

HOFSTRA UNIVERSITY
Independent Contractor-Single Engagement Agreement

THIS INDEPENDENT CONTRACTOR SINGLE ENGAGEMENT AGREEMENT (together with the attached Cover Sheet referred to below, the "Agreement") is dated as of _____, 2011, by and between Hofstra University, a not-for-profit New York State corporation ("University") and the independent contractor named on Cover Sheet attached hereto ("Contracting Party").

1. Contracting Party agrees to perform as set forth in the Cover Sheet attached hereto (the "Work"). Contracting Party shall, to the best of his/her ability, render the services described in the Work in a timely and professional manner consistent with standards of the industry.
2. Except as otherwise stated herein, University shall pay the Contracting Party by University check as per the Invoice attached at the Cover Sheet promptly following the satisfactory performance/completion of the event as described in Cover Sheet.
3. Contracting Party on behalf of itself, its agents, and employees, agrees to indemnify and hold harmless University, its trustees, directors, employees, representatives, and agents from and against (a) all claims, damages, losses and expenses including but not limited to attorney's fees, arising out of or resulting from the work herein performed, caused in whole or in part by a negligent act or omission of the Contracting Party, any subcontractor, or anyone directly employed by any of them, regardless of whether or not it is caused in part by a party indemnified hereunder; and (b) Contracting Party's failure to perform any of its obligations under this Agreement. Contracting Party's obligations under this Section shall survive the expiration or termination of this Agreement unless specifically waived in writing by University after such expiration or termination..
4. If the Contracting Party or any artist, performer, friends, road crew, agents or anyone else associated with the Contracting Party, damages any Hofstra University property in any way, Hofstra University reserves the right to withhold payment and/or deduct an amount equivalent to the damages incurred.
5. It is understood that in the event that the Contracting Party cancels the appearance or fails to appear as required, then the Contracting Party is liable to indemnify and pay to the University any and all costs and expenses reasonably incurred by the University for sales, advertising and operation in the preparation and staging of the event. If the artist(s)/performer(s) fail(s) to appear at least forty-five (45) minutes prior to the time stated above for the commencement of the program, unless detained for reason beyond their control, then the University has the option to announce cancellation of the program and/or provide an alternative program without payment to the Contracting Party.
6. University reserves the right to cancel this event up to seven (7) days prior to the scheduled date.
7. Contracting Party has the right to control and direct the means, manner and method by which the Work is performed and shall furnish all equipment and materials to perform the Work. Contracting Party acknowledges and represents that the relationship of Contracting Party to University is that of an independent contractor, and nothing in this Agreement shall be construed as making Contracting Party an employee of University or to empower Contracting Party to bind or obligate University in any way or as creating any other relationship. Contracting Party shall comply with all laws and assume all risks incident to its status as an independent contractor. Contracting Party covenants and agrees to pay all applicable taxes licenses and fees, and such insurance as is necessary for Contracting Party's protection in connection with Work performed under this Agreement; no such taxes or fees shall be withheld or paid by University on behalf of Contracting Party. Contracting Party acknowledges and agrees that it is responsible for paying, according to applicable law, Contracting Party's income taxes, if any. Contracting Party further acknowledges and agrees that it may be liable for self-employment (social security) tax, to be paid by Contracting Party according to applicable law. Contracting Party hereby agrees to indemnify, hold harmless and defend University against any and all such liability, taxes or contributions, including, without limitation, penalties and interest. No worker's compensation insurance shall be obtained by University covering Contracting Party nor shall Contracting Party be entitled to any benefits provided by the University to its employees.
8. Riders and technical requirements may be attached to this Agreement and will become part of the Agreement when signed by the parties. This Agreement may only be modified in writing, signed by the parties in interest at the time of such modification.
9. Contracting Party represents that no trustee, officer, employee or any other person affiliated with Hofstra University and having involvement with this Agreement (1) is affiliated with the Contracting Party, and (2) received, was promised, or will receive anything of value in connection with this Agreement or performance thereof.
10. This Agreement constitutes the entire agreement between the parties and supersedes all prior agreements relating to the subject matter hereof.

HOFSTRA UNIVERSITY

By: _____

Print Name: Catherine Hennessy

Title: Vice President for Financial Affairs and Treasurer

Date: _____

CONTRACTING PARTY

By: _____

Print Name: _____

Title: _____

Date: _____

Hofstra University

Contract Information Form
(to be attached to all proposed contracts)

1. VENDOR/CONTRACTOR INFORMATION:

Contractor

Name 1 : _____

Address: _____

Telephone No.: _____ Fax No.: _____

2. UNIVERSITY ORIGINATOR OF CONTRACT: (Person most familiar with details and responsible for implementation)

Name: _____

Title: _____ Telephone No: _____

3. BRIEF EXPLANATION OF CONTRACT (including benefit to University):

4. HOW WAS VENDOR SELECTED? (explain prior work performed for University, Relationship to University, etc.) _____

Complete, accurate contractor name must appear on contract. If the vendor is a corporation, the contract must be signed by a corporate officer indicating he/she is an officer having authority to sign on behalf of the corporation.

**HOFSTRA UNIVERSITY
CONTRACT INFORMATION FORM**

5. COMMENCEMENT DATE (work may not commence until contract is executed and insurance certificate received and approved): _____

6. TERM OF CONTRACT: _____

7. COST OF CONTRACT: _____

8. BUDGET APPROVAL:
(indicate budget codes): _____

9. IS THE CONTRACT ON A STANDARD HOFSTRA UNIVERSITY FORM?

Yes _____ No _____

10. HAS THE STANDARD FORM OF CONTRACT BEEN ALTERED IN ANY WAY?

Yes _____ No _____

11. ARE REQUIRED INSURANCE CERTIFICATES ATTACHED?

Yes _____ No _____

12. SHOULD SIGNED CONTRACT BE RETURNED TO DEPARTMENT, OR SENT TO VENDOR OR SOMEWHERE ELSE? (specify below)

13. ADDITIONAL COMMENTS: _____

PREPARED BY: _____ DATE: _____

**HOFSTRA UNIVERSITY
CONTRACT INFORMATION FORM**

REQUIRED FOR ALL CONTRACTS WITH AN INDIVIDUAL

Please complete this checklist in order to assist us in determining whether an individual is appropriate for a consultancy relationship with Hofstra. This checklist is not exhaustive and it is not necessary to satisfy each factor.

NAME OF CONSULTANT: _____

Consultant is not currently an employee of Hofstra University. (Current employees of Hofstra University may not be hired as a consultant, stop here.)

Consultant is not a former employee of Hofstra University.

Consultant operates as a business and holds itself out to the public as a provider of the type of services it is performing for Hofstra University.

Consultant does not require any training by Hofstra nor does Hofstra provide any training to Consultant.

Consultant performs some or all of the services or project at a location outside of Hofstra's premises.

Consultant supplies his/her own equipment or materials.

Consultant has the right to control the day-to-day aspects of the project, as well as the manner, method and means by which the project is completed, including delegation to its own staff, setting work hours, etc.

Consultant invoices Hofstra University in order to be paid for services.

Consultant is not held out to third parties as an employee of Hofstra University.

Project involves an area or a service where outsourcing to nonemployees is customarily recognized as acceptable and common in the educational industry.

Consultant's project or services involves something not traditionally performed in house by employees of Hofstra.

Consultant is not required to report to anyone at Hofstra or attend regular department meetings and makes his/her own schedule.

Consultant is free to perform similar work for others as well as for Hofstra.

Hofstra has little or no management or supervision of Consultant for this project.

Consultant is not provided a Hofstra ID, Hofstra email address or an office on Hofstra's premises (please cross off if not applicable).

Comments: _____

By signing below, I hereby certify that I have completed or reviewed the contents of this checklist on the date indicated by my name, and I attest to the accuracy of the contents of this checklist.

SIGNATURE OF UNIVERSITY OFFICIAL: _____ DATE: _____

PRINT NAME: _____

TITLE: _____

HOFSTRA UNIVERSITY - CHECK REQUISITION/ACCOUNTS PAYABLE

Document #

Requested By

Date

Vendor / SS #

Approved By

ALL BOXES MUST BE FILLED IN

Payable To:

A)

Date Required

Address:

Explanation for Request:

Check One:

OFF CAMPUS

Is Payee an: Employee

ON CAMPUS

Student

Phone #:

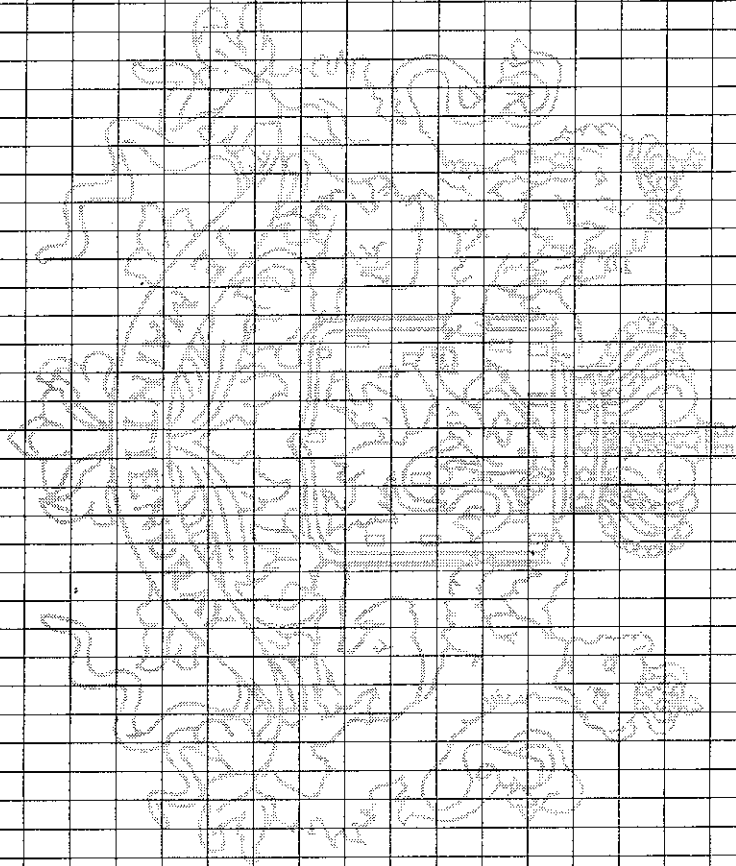
Other

NO REQUEST FOR REIMBURSEMENT WILL BE HONORED UNLESS SUPPORTING DOCUMENTATION IS PROVIDED

Fund Organization Account Prog BC Aciv

Description

Amount

Fund	Organization	Account	Prog	BC	Aciv	Description	Amount
							
TOTALS							

Request for Taxpayer Identification Number and Certification

**Give form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name, if different from above	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
or
Employer identification number

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,