

FUNDING REQUISITION

Organization: _____ Date: _____ Date Received _____

Organization Contact Person: _____ Phone #: _____

Email: _____

Detailed Explanation for Request: _____

Amount of Request: \$ _____ Payment Required by: _____

Date of Event: _____ Location: _____ Ticket Price: _____

METHOD OF PAYMENT

- Purchase Request – for items over \$500.00 attach purchase request and quote. If quote is over \$2,500, three bids must accompany request.
- Check Request – attach invoice, receipts for reimbursement & credit card statement; single, guest lecturer or musical accompaniment contract.
- Budget Transfer – attach HU Budget Transfer Form or Lackmann Food Service Invoice.
- American Express Card – Return card along with all documentation regarding Amex Purchase.

APPROVALS

OSLA Program Advisor: _____

Fitness Center Advisor: _____

MISPO Program Advisor: _____

SGA Bookkeeper: _____ / /

Balance after this expense: _____

SGA Comptroller: _____ / /

Appropriated: _____

SGA Advisor: _____ / /

Executive Director OSLA : _____

COMMENTS: _____

✓ Approved _____ Denied _____ Modified _____

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

() _____

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
Musician/Accompanist Single Engagement

Date of Agreement: _____

Hofstra University _____

Department or Sponsor: _____

Artist(s)/Performer(s): _____

Check Payable to: _____
(must be individual or full corporate name)

Address: _____

Social Security or Tax I.D. Number: _____

Booking Agent (if applicable) _____

Service to be provided: _____ (hereinafter "Services")

Date of Event: _____

Time / Duration of Event: _____

Number of Sets: _____ Length of Sets: _____

Location: _____

Compensation: _____

1. University shall pay the Contracting Party by University check promptly following the satisfactory performance/completion of the event.
2. Contracting Party has the right to control and direct the means, manner and method by which the Services are performed and shall furnish all materials to perform the Services. 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 Services performed under this Agreement; no such taxes or fees shall be withheld or paid by University on behalf of Contracting Party. 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.
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; (b) Contracting Party's failure to perform any of its obligations under this Agreement; and (c) any and all taxes or contributions, including, without limitation, penalties and interest, referenced in paragraph 2.
4. University reserves the right to cancel this agreement up to seven (7) days prior to scheduled date or if the services are not rendered as per the date(s) and time(s) agreed upon above.
5. Riders and technical requirements may be attached to this Agreement and will become part of the Agreement when signed by the parties.
6. Contracting Party represents that no trustee, officer, employee or any other person affiliated with Hofstra University and having involvement with this contract (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.

HOFSTRA UNIVERSITY

CONTRACTING PARTY

By: _____

By: _____

Name: Catherine Hennessy
Vice President for Financial

Name: _____

Title: Affairs and Treasurer

Title: _____

Date: _____

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.) _____

1 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: _____

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"/> Other (see instructions) ▶	<input type="checkbox"/> Exempt payee
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:

- 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
- 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
- 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 ▶

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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,