UNDERGRADUATE ORGANIZATION
FUNDING/REIMBURSEMENT COVER SHEET

Organization: 

Event Name: 

Date of Event: Location: 

Your Name: Position in Org. 

Hofstra Email: Hofstra ID #: 

Detailed Explanation for Request: 

Amount of Request: SGA $ Income: $ Total: $ 

CHECK OFF ALL PAPERWORK ATTACHED TO THIS FORM

__ Original Receipts __ Event Flier __ Web CRD
__ Check Requisition __ Contract Information/Approval __ Work Order
__ Credit/Debit Card Statement __ Applicable Contract Forms __ Event Management
__ Invoice __ Campus Catering Form __
__ List of Attendees __ Off-Campus Food Approval 

OFFICE USE ONLY

OSLA Program Advisor: Date Rcvd: ______ Date Signed: ______

Rec. & Intramurals Advisor: Date Rcvd: ______ Date Signed: ______

MISPO Program Advisor: Date Rcvd: ______ Date Signed: ______

SGA Comptroller: Date Rcvd: ______ Date Signed: ______

Appropriated: SGA: $ Income $ 

SGA Advisor: Date Rcvd: ______ Date Signed: ______

Exec. Dir. OSLA: Date Rcvd: ______ Date Signed: ______

OSLA Budgeting: Date Rcvd: ______ Date Signed: ______

Balance after this expense: SGA: $ Income: 

AP: _____ Finance: _____ Purchasing: _____ Budget Xfer: _____

DeS: _____ MS Access: _____ Check Req.: _____ P.O.: 

Approved: ___________ Denied: ___________ Modified: 

COMMENTS: 

Updated January 20, 2015 S:\OSLA\Forms\PDF versions - to hand out and print
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.

( )

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( )

Approved as to insurance requirements:

By: ____________________________ Date: ____________________________

Approved, Office of General Counsel:

By: ____________________________ Date: ____________________________

Hofappform.wpd
HOFSTRA UNIVERSITY
Photography Services Agreement

This Agreement made as of this day of ____________, 20__, by and between Hofstra University, having its principal place of business at 1000 Fulton Avenue, Hempstead, New York 11549, hereafter referred to as University, and ____________________, having a principal place of business at ____________________, and having a Tax I.D. Number of ____________________, is hereafter referred to as Contracting Party, reflects the full scope of the parties’ understanding along with any attachments incorporated herein by reference.

The Contracting Party shall non-exclusively perform photography services for the University as set forth on and pursuant to a Statement of Work issued pursuant to this Agreement under the following terms and conditions (such photography services hereinafter referred to as “Services”):

1. University shall pay Contracting Party pursuant to a Statement of Work issued pursuant to this Agreement and signed by authorized representatives of the parties, for the Services. Notwithstanding anything to the contrary herein or on any Statement of Work, however, the total payments to Contracting Party by University shall not exceed a maximum dollar amount of $____________ (“Maximum Compensation”). All expenses, including but not limited to, courier services, mileage, parking fees, and other expenses, are borne by the Contracting Party. 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, tools and supplies 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. University shall not obtain worker’s compensation insurance 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 (i) 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, or (ii) injury and/or death of any person or damage to or loss of any property caused by any negligent or wrongful act, error or omission or breach of contract by the Contracting Party, its employees, agents, invitees or guests, including injury or death of Contracting Party, or any employee, agent, invitee or guest of the Contracting Party; (b) Contracting Party’s failure to perform any of its obligations hereunder including as set forth in paragraph 5 below; and (c) any and all taxes or contributions, including, without limitation, penalties and interest, referenced in paragraph 2. Such indemnity shall not be limited in any way by an amount or type of damages, compensation or benefits payable under any applicable Workers Compensation, Disability Benefits or other similar employee benefits acts.

4. If the Contracting Party or any crew, agents or anyone else associated with the Contracting Party, damages any Hofstra University property in any way, the 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.

6. This Agreement will commence as of the date set forth above and shall expire on ______________ unless (i) sooner terminated as per this Agreement; (ii) Contracting Party has been paid the Maximum Compensation or (iii) mutually extended by written agreement of the signatories to this Agreement. The University reserves the right to terminate this Agreement at any time, with or without notice. No Statements of Work shall be issued or authorized after termination of this Agreement.

7. Riders and technical requirements may be attached to this contract and will become part of the Agreement when signed by the parties. A form Statement of Work is attached hereto as Attachment A. All Statements of Work issued pursuant to this Agreement and signed by authorized representatives of the parties hereto are incorporated herein by reference.

8. All legal rights to any and all photographs, videos, audio recordings and or work (the “Work”) produced by Contracting Party at the event shall irrevocably, exclusively, unconditionally and perpetually belong to Hofstra University. The Work may be used, reproduced or otherwise disseminated or published by or on behalf of Hofstra University directly or indirectly for any purpose, including, but not limited to, advertising, promotions, editorial, documentary, broadcast and any other publication. Contracting Party shall retain no rights in the Work and hereby expressly waives and relinquishes any rights to the Work. Contracting Party shall take all reasonable action to cooperate as is necessary, including the execution of any documents, to perfect Hofstra University’s ownership of the Work.

9. 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 contract 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
Vice President for Financial Affairs and Treasurer

Date: __________________________

CONTRACTING PARTY

By:
Print Name: ______________________

Title: __________________________
Date: __________________________
ATTACHMENT A-STAMENT OF WORK
Pursuant to Photography Services Agreement with Hofstra University dated __________, ______ (“Agreement”)

CONTRACTING PARTY NAME HERE
Company Address: ________________________________
____________________________________________
Phone: _________________________________________
Fax: ____________________________________________
Website: _______________________________________
P.O. # _________________________________________

Check Payable to (Payee must be same as Conctacting Party):
____________________________________________
Tax I.D. Number of Payee: ________________________
Service to be provided (“Services”):
_____________________________________________
Date of Event:
____________________________________________
Type of Event: _________________________________
Location: _____________________________________
Time and Duration of Event: _____________________

COMPENSATION
☐ Total Amount Due*: ___________________________
☐ Hourly Rate with cap*: ________________________/$/hr, up to a maximum of $________
☐ Other (explain/attach rate sheet)*:
____________________________________________
____________________________________________

Hofstra University (authorized department sponsor):
Signature ______________________________________
Print Name _________________________________
Date _________________________________

Contracting Party:
Signature ______________________________________
Print Name _________________________________
Date _________________________________

Page 3 of 3
Rev: 10/9/14
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.)
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

1Complete, 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.
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: ____________________
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 INDEPENDENT CONTRACTOR: ____________________________________________

☐ Independent Contractor is not currently an EMPLOYEE or a STUDENT of Hofstra University. (EMPLOYEES and STUDENTS of Hofstra University may not be hired as an Independent Contractor, STOP HERE)

☐ Independent Contractor is not a former employee of Hofstra University.

☐ Independent Contractor 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.

☐ Independent Contractor does not require any training by Hofstra nor does Hofstra provide any training to Independent Contractor.

☐ Independent Contractor performs some or all of the services or project at a location outside of Hofstra’s premises.

☐ Independent Contractor supplies his/her own equipment or materials.

☐ Independent Contractor 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.

☐ Independent Contractor invoices Hofstra University in order to be paid for services.

☐ Independent Contractor 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.

☐ Independent Contractor’s project or services involves something not traditionally performed in house by employees of Hofstra.

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

☐ Independent Contractor is free to perform similar work for others as well as for Hofstra.

☐ Hofstra has little or no management or supervision of Independent Contractor for this project.

☐ Independent Contractor is not provided a Hofstra ID, Hofstra email address or an office on Hofstra’s premises.

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: ___________________________________________________________________

Rev. 1/13 Hu Doc 7394
**HOFSTRA UNIVERSITY - CHECK REQUISITION/ACCOUNTS PAYABLE**

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<th>Document #</th>
<th>Requested By</th>
<th>Date</th>
<th>Vendor / SS #</th>
<th>Approved By</th>
<th><strong>ALL BOXES MUST BE FILLED IN</strong></th>
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<td>Date Required</td>
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**Payable To:**

**Address:**

**Explanation for Request:**

**Check One:**

- OFF CAMPUS
- ON CAMPUS
- Is Payee an: Employee
- Student
- Other

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

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<thead>
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<th>Fund</th>
<th>Organization</th>
<th>Account</th>
<th>Program</th>
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**TOTALS**
Form W-9

Request for Taxpayer Identification Number and Certification

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

Name (as shown on your income tax return)

Business name, if different from above

Check appropriate box: □ Individual/Sole proprietor □ Corporation □ Partnership □ Limited liability company (LLC) □ disregarded entity, C-corporation, P=partnership □. □ Exempt payee

Other [see instructions]

Address (number, street, and apt. or suite no.)

City, state, and ZIP code

Requestor’s name and address (optional)

List account number(s) here (optional)

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.

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

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 □

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 current 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 partner 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,