HOFSTRA UNIVERSITY STUDENT GOVERNMENT ASSOCIATION

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.

( )____________________________________

( )____________________________________

( )____________________________________

( )____________________________________

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( )____________________________________

Approved as to insurance requirements:

By: ________________________________ Date: ______________________

Approved, Office of General Counsel:

By: ________________________________ Date: ______________________

Hofappform.wpd
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.
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: ________________

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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: ____________________________
Hofstra University - Guest Lecture Volunteer Agreement

1. Guest Lecturer acknowledges, understands and agrees to all of the following:
   a. that s/he is freely donating his/her services to Hofstra University as a guest
      lecturer pursuant to this Agreement on a volunteer basis;
   b. that s/he will not be compensated for and that s/he has no expectation of
      compensation for any of the services rendered under this Agreement;
   c. that Hofstra University has the right to release Guest Lecturer from this volunteer
      appointment without prior notice;
   d. that s/he is donating the services for humanitarian, civic or charitable purposes;
      and
   e. that s/he is not considered an employee of Hofstra University by virtue of any
      provision of this Agreement or by virtue of any services performed under this
      Agreement and, therefore, is not entitled to any compensation or remuneration or
      employment benefits nor may s/he bind or obligate Hofstra University in any
      way.

2. Guest Lecturer shall comply with all applicable Hofstra University policies
   (http://www.hofstra.edu/About/Policy/index.html), including Hofstra University’s
   Harassment Policy, which is available on Hofstra’s website at
   http://www.hofstra.edu/pdf/Faculty/Senate/ senate_FPS_43.pdf.

3. Guest Lecturer understands that, to the extent permitted by law, any injury, incident, or
   illness incurred in the course of his/her volunteering at Hofstra University, will be
   covered by applicable state workers’ compensation insurance and Guest Lecturer intends
   to allow Hofstra University to invoke such coverage on his/her behalf. If Guest Lecturer
   has an accident or injury in the course of his/her volunteering at Hofstra University,
   Guest Lecturer shall report any such injury or accident to the Hofstra University
   Department of Public Safety or to the Hofstra University Human Resources department.

Print Guest Lecturer Name

Signature of Guest Lecturer

Date

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