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 ____________________________

Rev 08/2012
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.

( ) __________________________________________________________________________

( ) __________________________________________________________________________

( ) __________________________________________________________________________

( ) __________________________________________________________________________

( ) __________________________________________________________________________

( ) __________________________________________________________________________

( ) __________________________________________________________________________

( ) __________________________________________________________________________

( ) __________________________________________________________________________

Approved as to insurance requirements:

By: ____________________________ Date: ____________________________

Approved, Office of General Counsel:

By: ____________________________ Date: ____________________________

Hofappform.wpd
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 agrees, beginning as of the date of execution of this Agreement, that photographs, whether still or action, videos, film and/or motion pictures (hereinafter “Pictures”) and/or audio recordings (“Recordings”) may be taken of Contracting Party, individually or with others, by or on behalf of Hofstra University in connection with the services to be provided indicated above and agrees that all rights therein shall irrevocably, exclusively, unconditionally, and perpetually belong to Hofstra University and that such rights are freely assignable by Hofstra University. 
4. Contracting Party agrees that, without any compensation or notification to or approval by Contracting Party, the Pictures or Recordings 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 and/or promotional purposes, in any manner, and at any time that Hofstra University desires. Contracting Party hereby agrees to release and discharge Hofstra University, its trustees, officers, representatives, employees, agents, licensees, successors and assigns from any and all claims, demands or causes of action that Contracting Party may now have or may hereafter have for libel, defamation, invasion of privacy or right of publicity, infringement of copyright or violation of any other right arising out of or relating to any utilization of the Pictures or Recordings. 
5. 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

Revised: 11/2013
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.

6. 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.

7. Riders and technical requirements may be attached to this Agreement and will become part of the Agreement when signed by the parties.

8. 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**

By: _______________

Name: Catherine Hennessy

Vice President for Financial Affairs and Treasurer

Date: _______________

**Contracting Party**

By: _______________

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.
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: _________________________
HOUSTRA 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 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: ___________________________

Page 3 of 3
Rev. 1/13 Hu Doc 7394
**HOFSTRA UNIVERSITY - CHECK REQUISITION/ACCOUNTS PAYABLE**

<table>
<thead>
<tr>
<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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Date Required</td>
</tr>
</tbody>
</table>

**Payable To:**

**Address:**

**Check One:**
- OFF CAMPUS
- ON CAMPUS
- Other

*Is Payee an:*
- Employee
- Student

**Explanation for Request:**

---

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

<table>
<thead>
<tr>
<th>Fund</th>
<th>Organization</th>
<th>Account</th>
<th>Prog</th>
<th>BC</th>
<th>Activ</th>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
</table>

**TOTALS**
**Form W-9**

**Request for Taxpayer Identification Number and Certification**

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

<table>
<thead>
<tr>
<th>Name (as shown on your income tax return)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Business name, if different from above</td>
</tr>
</tbody>
</table>

Check appropriate box:  
- Individual/sole proprietor
- Corporation
- Partnership
- Limited liability company
- Other (see instructions) ▶
- Exempt payee

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

City, state, and ZIP code

Requester's name and address (optional)

List account number 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.

**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 and 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 correct TIN to the person requesting it (the requestor) 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,