

Date due: \_\_\_\_\_

Date turned in: \_\_\_\_\_

W-9 Faxed: \_\_\_\_\_

## **CONTRACT INFORMATION SHEET**

(To be completed by authorized signer. This is NOT a contract!)

### **PROGRAM INFORMATION**

Authorized program signer's signature: \_\_\_\_\_

Authorized program signer's printed name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Program Name: \_\_\_\_\_ FOPPS #: \_\_\_\_\_

### **EVENT INFORMATION**

Sponsor(s): \_\_\_\_\_

Performer(s): \_\_\_\_\_

Title/Topic of Event: \_\_\_\_\_

Event Format (i.e. lecture, jazz band, dance recital): \_\_\_\_\_

Date of Program: \_\_\_\_\_ Time of Performance: \_\_\_\_\_

Place of Performance: \_\_\_\_\_

Length of Performance: \_\_\_\_\_

**(Speakers usually contract for 50 minutes plus Q & A. With bands specify length and number of breaks.)**

### **PAYMENT INFORMATION**

*Do we make the check payable to:*

**INDIVIDUAL**

**OR BUSINESS/AGENCY?**

Person's Full Legal Name:  
\_\_\_\_\_

Company's Legal Name:  
\_\_\_\_\_

Home Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Business Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Home Phone:( ) \_\_\_\_\_

Attn: \_\_\_\_\_

Business Phone:( ) \_\_\_\_\_

Business Phone:( ) \_\_\_\_\_

Fax Number :( ) \_\_\_\_\_

Fax Number :( ) \_\_\_\_\_

Email: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number:  
\_\_\_\_\_

Federal Tax ID Number:  
\_\_\_\_\_

*Is this individual a foreign national?* \_\_\_\_\_

We make every attempt to mail the warrant within two weeks of the end of the event!

8/06

**CONTINUES ON BACK ----->**

## **PAYMENT INFORMATION (con't.)**

### **TERMS OF THE CONTRACT**

**1.) SPEAKER/PERFORMER FEE = \$ \_\_\_\_\_**

- Does this fee include travel expenses?                    Y\_\_\_\_ N\_\_\_\_
- Does this fee include meals?                                    Y\_\_\_\_ N\_\_\_\_
- Does this fee include lodging expenses?                    Y\_\_\_\_ N\_\_\_\_

**2.) TRAVEL EXPENSES**

• AIRFARE

a.) Will SOFO buy the airline ticket?    Y\_\_\_\_ N\_\_\_\_ Cost est. = \$ \_\_\_\_\_

**OR**

b.) Will SOFO reimburse the speaker/performer for airfare? Y\_\_\_\_ N\_\_\_\_

    If yes, what is the dollar limit of the reimbursement? \$ \_\_\_\_\_

• MILEAGE

a.) Will SOFO reimburse mileage for the speaker or performer?    Y\_\_\_\_ N\_\_\_\_

    If yes, *round trip* from \_\_\_\_\_ to CU-Boulder = \_\_\_\_\_ miles.  
    (Please Note: 33¢/mile is the maximum allowable reimbursement rate.)

• GROUND TRANSPORTATION (to and from airport/performer's home.)

a.) Will SOFO reimburse ground transportation cost? Y\_\_\_\_ N\_\_\_\_

    If yes, what is the dollar limit of the reimbursement? \$ \_\_\_\_\_  
    (Please Note: Original receipt required to process this reimbursement.)

**3.) MEALS AND LODGING**

- Will lodging be provided?                    Y\_\_\_\_ N\_\_\_\_ If yes, for how many nights? \_\_\_\_\_
- Will meals be provided?                    Y\_\_\_\_ N\_\_\_\_ If yes, for how many days? \_\_\_\_\_

**4.) OTHER CONTRACT DETAILS: e.g. BOOK SALES, RECEPTIONS, CLASSROOM VISITS?**

If you have questions about completing this form, please contact:  
Norman Skarstad, Assistant Director  
Student Organizations Finance Office  
UMC 231  
492-6366