

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!

02/2010

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: 45¢/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
303-492-6366