



CONTRACT REQUEST FORM

Note: This form is not an official contract. Contract request forms must be emailed in PDF format to ccbs@jjay.cuny.edu at **least 25 business days prior to an event**. Biography or promotional materials for contractor must accompany form.

Contractor Information

Name: _____

Contractor Type (check one) Sole Proprietor Partnership LLC (Limited Liability Company)
 Corporation Individual (Not Affiliated with A Business)

Address: _____
Code Complete Address (include Apt. #) Borough/City State Zip

Phone Number: _____ **Email:** _____

Is contractor legally eligible for employment in the United States? (check one) Yes _____ No _____

Is the contractor a legal resident of the United States? (check one) Yes _____ No _____

List dates of availability for contractor to come to John Jay College? _____

Event Name: _____

Event Date/Time: _____ / _____ **Event Location:** _____

Event Description:

Description of Services:

Total Cost of Services: \$ _____

Department Designee (Print Name)

Signature