

**CONTRACT REQUEST FORM**

Note: This form is not an official contract. Contract request forms must be emailed in PDF format to [saaboforms@jjay.cuny.edu](mailto:saaboforms@jjay.cuny.edu) at **least 35 business days prior to an event**. Biography or promotional materials for contractor must accompany form.

**Name of Organization/Department:** \_\_\_\_\_

**Event Name:** \_\_\_\_\_

**Event Date/Time:** \_\_\_\_\_ / \_\_\_\_\_ **Event Location:** \_\_\_\_\_

**Event Description:**

**Contractor Information**

**Name:** \_\_\_\_\_

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

**Address:** \_\_\_\_\_  
 Complete Address (include Apt. #) Borough/City State Zip Code

**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? \_\_\_\_\_

**Description of Services:**

**Total Cost of Services:** \$ \_\_\_\_\_

**Payment Information**

**Budget Name:** \_\_\_\_\_  
 Club, Student Council, Athletic Entity, etc

**Budget Contribution:** \$ \_\_\_\_\_

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 Club, Student Council, Athletic Entity, etc

**Budget Contribution:** \$ \_\_\_\_\_

**Budget Name:** \_\_\_\_\_  
 Club, Student Council, Athletic Entity, etc

**Budget Contribution:** \$ \_\_\_\_\_

**Total Budget Contributions:** \$ \_\_\_\_\_

\_\_\_\_\_  
 S.C. Officer/Club President or Treasurer/Department Designee  
 (Print Name)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 S.C. Officer/Club President or Treasurer/Department Designee  
 (Print Name)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 S.C. Officer/Club President or Treasurer/Department Designee  
 (Print Name)

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 CSIL Coordinator (Print Name)

\_\_\_\_\_  
 Signature