



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 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: \$ _____

Budget Name: _____
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