



## 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](mailto:ccbs@jjay.cuny.edu) at **least 25 business days prior to an event**. Biography and 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 \_\_\_

**Description of Services:**

### Payment Information

*If the total cost of services is split among multiple budgets than list the budget names and contribution amounts below.*

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

**Budget Name:** \_\_\_\_\_ **Budget Contribution:** \$ \_\_\_\_\_  
Club, Student Council, etc

**Budget Name:** \_\_\_\_\_ **Budget Contribution:** \$ \_\_\_\_\_  
Club, Student Council, etc

**Budget Name:** \_\_\_\_\_ **Budget Contribution:** \$ \_\_\_\_\_  
Club, Student Council, etc