



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 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

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