

# Student Organization Request for Contract

*This is a request form for a contract, not the actual contract.*

*This form **MUST** be submitted no less than **4 weeks** prior to the event.*

*No expenses should be incurred until the contract is fully executed.*

Organization Information: \_\_\_\_\_

Organization Representative: \_\_\_\_\_

E-mail: \_\_\_\_\_@Wooster.edu Phone Number: \_\_\_\_\_

Payee Name: \_\_\_\_\_

Check one:      Performer      Speaker      Coach      Instructor      Other

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Payment Information: *\*Payee name must match the name on the contract and substitute W-9.*

Check payable to: \_\_\_\_\_ Total amount to be paid: \$ \_\_\_\_\_

Event Title: \_\_\_\_\_

Event Date: \_\_\_\_\_ Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Location: \_\_\_\_\_

Description of what we want the payee to do: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Compensation (Include payment and expenses we are paying for ie. meals, hotel, transportation, mileage):

\_\_\_\_\_

\_\_\_\_\_

*\* May require multiple disbursement forms for payments to be processed. See Student Activities Office for more details.*

Approval (Print Name, Sign Name, Date)

Treasurer: \_\_\_\_\_ Date: \_\_\_\_\_

President (if over \$50): \_\_\_\_\_ Date: \_\_\_\_\_

Advisor (if over \$100): \_\_\_\_\_ Date: \_\_\_\_\_

Co-Sponsoring Organization/Department: \_\_\_\_\_

Amount/Details of what Co-Sponsor is covering: \_\_\_\_\_

Co-Sponsor Contact Name and Signature: \_\_\_\_\_

## Student Activities Office Use ONLY:

Received: \_\_\_\_\_

Processed (if different than received): \_\_\_\_\_

Signed Contract

W-9

Disbursement Form(s)