UNIVERSITY AT BUFFALO GRADUATE STUDENT ASSOCIATION INC.



310 Student Union, Box 602100, Buffalo, NY 14260-2100 South Campus Satellite Office: 302 Abbott Hall (Tuesdays 9am – 4pm) (716) 645-2960, Fax: (716) 645-7333, <u>https://ubwp.buffalo.edu/gsa</u>

## **GENERAL SERVICES CONTRACT**

between the GRADUATE STUDENT ASSOCIATION of UB/ and 	THIS AGREEMENT made and	entered into this	da	y of	2	, by and
to be paid to	between the GRADUATE STU	DENT ASSOCIATION	of UB/			and
SERVICE:		for and in goo	d and valuable	consideration of th	ne sum of \$	5
PURPOSE OR NATURE OF CONTRACT:	to be paid to	imme	ediately followi	ng the satisfactory	service her	rein described:
DATE OF SERVICE: / TIME: LOCATION OF SERVICE/PERFORMANCE: NAME OF SERVICE PROVIDER: (PLEASE PRINT) (PERMANENT ADDRESS) (CITY) (STATE) (ZIP) HOME PHONE: BUSINESS PHONE: It is understood that if for any reason GRADUATE STUDENT ASSOCIATION cancels or postpones said service, this agreement shall be deemed cancelled and terminated without further obligation or liability by either party. This agreement constitutes the whole agreement between the parties and any amendments thereto must be made in writing and executed by both parties. It is also stipulated that the person named below is signing this contract on beholf of him/herself, and/or the respective members of the performing act engaged contract is/are self-employed or employees of another employer. Therefore, this agreement does not constitute employer/employee relationship between these two parties.	SERVICE:					
LOCATION OF SERVICE/PERFORMANCE:    NAME OF SERVICE PROVIDER:    (PLEASE PRINT)    (PERMANENT ADDRESS)  (CITY)    (STATE)  (ZIP)    HOME PHONE:	PURPOSE OR NATURE OF COI	NTRACT:				
NAME OF SERVICE PROVIDER:	DATE OF SERVICE:	/		TIME:		
NAME OF SERVICE PROVIDER:    (PLEASE PRINT)    (PERMANENT ADDRESS)  (CITY)    (PERMANENT ADDRESS)  (CITY)    (STATE)  (ZIP)    HOME PHONE:	-					
(PLEASE PRINT)    (PERMANENT ADDRESS)  (CITY)  (STATE)  (ZIP)    HOME PHONE:   BUSINESS PHONE:						
(PERMANENT ADDRESS)  (CITY)  (STATE)  (ZIP)    HOME PHONE:   BUSINESS PHONE:    It is understood that if for any reason GRADUATE STUDENT ASSOCIATION cancels or postpones said service, this agreement shall be deemed cancelled and terminated without further obligation or liability by either party. This agreement constitutes the whole agreement between the parties and any amendments thereto must be made in writing and executed by both parties. It is also stipulated that the person named below is signing this contract on behalf of him/herself, and/or the respective members of the performing act engaged contract is/are self-employed or employees of another employer. Therefore, this agreement does not constitute employer/employee relationship between these two parties.    SIGNATURE OF PERSON/REPRESENTATIVE RECEIVING PAYMENT  DATE	NAME OF SERVICE PROVIDER	:				
(PERMANENT ADDRESS)  (CITY)  (STATE)  (ZIP)    HOME PHONE:   BUSINESS PHONE:    It is understood that if for any reason GRADUATE STUDENT ASSOCIATION cancels or postpones said service, this agreement shall be deemed cancelled and terminated without further obligation or liability by either party. This agreement constitutes the whole agreement between the parties and any amendments thereto must be made in writing and executed by both parties. It is also stipulated that the person named below is signing this contract on behalf of him/herself, and/or the respective members of the performing act engaged contract is/are self-employed or employees of another employer. Therefore, this agreement does not constitute employer/employee relationship between these two parties.    SIGNATURE OF PERSON/REPRESENTATIVE RECEIVING PAYMENT  DATE			(PLEASE PI	RINT)		
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DO NOT WRITE BELOW THIS LINE- OFFICE USE ONLY	SIGNATURE OF PERSON/REPRES	ENTATIVE RECEIVING P.	AYMENT	DAT	Ē	
	DC	NOT WRITE BELOW T	HIS LINE- OFFICE	USE ONLY		

GRADUATE STUDENT ASSOCIATION OFFICER