

CRADUATE STUDENT ASSOCIATION OFFICER

## 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, https://ubwp.buffalo.edu/gsa

DATE

SPEAKER SERVICE AGREEMENT		
PAY TO:		
NAME		
TOWN ADDRESS. (CHECK MAKE DE CENTE DE DIVERSI (LICHE ADDRESS)		
HOME ADDRESS (CHECK MUST BE SENT TO PAYEE'S HOME ADDRESS)		
DESCRIPTION OF SERVICES PERFORMED	<u>-</u>	<u>-</u>
DATES OF SERVICE		
1. HONORARIUM AMOUNT:		\$
2. ADDITIONAL EXPENSES (IF APPLICABLE- PLEASE NOIE IF THE FOIL	OWING	
ITEMS ARE INCLUDED ON THE CONTRACT, THEY WILL BE CONSIDERE	D TAXABLE INCOME)	):
a. Transportation: (\$/mile xmiles)	\$	
b. Lodging (Amount/Dayx Days)	\$	
c. Meals	\$	
d. Other (attach explanation)	\$	
TOTAL ADDITIONAL EXPENSES		\$
TOTAL REIMBURSEMENT CLAIMED (HONORARIUM + ADDITION	VAL EXPENSES)	\$
It is understood that if for any reason GRADUATE STUDENT ASSOCIATE this agreement shall be deemed cancelled and terminated without fueither party.  This agreement constitutes the whole agreement between the parties made in writing and executed by both parties. It is also stipulat is signing this contract on behalf of him/herself, and/or the resplay this contract is/are self-employed or employees of another employer constitute an employer/employee relationship between these two	arther obligation  s and any amendment  ted that the person  ective member(s)  toyer. Therefore,	or liability by  nts thereto must be on named below, who of the act engaged
SIGNATURE OF SPEAKER		DATE
DO NOT WRITE BELOW THIS LINE - OFFICE	USE ONLY	