



UNIVERSITY AT BUFFALO GRADUATE STUDENT ASSOCIATION INC.

310 Student Union, Box 602100, Buffalo, NY 14260-2100
(716) 645-2960, Fax: (716) 645-7333, <https://ubwp.buffalo.edu/gsa>

SPEAKER SERVICE AGREEMENT

PAY TO: _____
NAME

HOME ADDRESS (CHECK MUST BE SENT TO PAYEE'S HOME ADDRESS)

DESCRIPTION OF SERVICES PERFORMED

DATES OF SERVICE

1. HONORARIUM AMOUNT: \$ _____
 2. ADDITIONAL EXPENSES (IF APPLICABLE- PLEASE NOTE IF THE FOLLOWING
ITEMS ARE INCLUDED ON THE CONTRACT, THEY WILL BE CONSIDERED TAXABLE INCOME):
 - a. Transportation: (\$._____/mile x _____ miles) \$ _____
 - b. Lodging (Amount/Day _____ x Days _____) \$ _____
 - c. Meals \$ _____
 - d. Other (attach explanation) \$ _____
- TOTAL ADDITIONAL EXPENSES \$ _____
- TOTAL REIMBURSEMENT CLAIMED (HONORARIUM + ADDITIONAL EXPENSES) \$ _____

It is understood that if for any reason GRADUATE STUDENT ASSOCIATION cancels or postpones said event, 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, who is signing this contract on behalf of him/herself, and/or the respective member(s) of the act engaged by this contract is/are self-employed or employees of another employer. Therefore, this agreement does not constitute an employer/employee relationship between these two parties.

SIGNATURE OF SPEAKER

DATE

DO NOT WRITE BELOW THIS LINE - OFFICE USE ONLY

GRADUATE STUDENT ASSOCIATION OFFICER

DATE