

ASSOCIATED STUDENTS, INC.
California State University, San Bernardino

SPA # _____

Date _____

Requisition for Speaker/Service/Performance Contracts
(THIS IS NOT A CONTRACT)

Date of Request _____ Date needed (allow 3 days) _____

Name of Requesting Committee/Organization _____

Account Number _____ Account Name _____

Will the speaker/service/performer be reimbursed jointly with the Student Union under a Student Union/ Associated Students Inc. joint contract? Yes _____ No _____

Name under which Artist(s) operates _____

Social Security Number or Tax I.D. Number _____

Type of Performance/Service _____

Date of Performance/Service _____

Location: University _____ Palm Desert Campus _____

Premises location (e.g. Lower Commons Patio) _____

Performance/Service shall begin at: _____ and conclude at _____ and consists of _____ set(s) of _____ minutes duration. If more than one set, there will be a 15 minute intermission.

Fee Terms: Total sum of \$ _____ will be paid.

Deposit required in the amount of _____.

Check will be mailed within ten (10) working days following the performance.

Performer: _____

Approved by *Representative of Organization*: _____ Date _____

Approved by *ASI Exec. Officer/Executive Director*: _____ Date _____