

A completed and signed W-9 by the contracted individual/organization must accompany this contract.

Adviser must request and sign the contract and insurance rider.

(Date)

(Name & Address of Visitor)

Dear

This letter will serve as the Agreement by which you will deliver a _____ at Bucknell University: (lecture/talk/performance, etc.)

1. You will deliver a _____ on the subject of _____ (specify service) on the ____ day of _____, 200__ from _____(am/pm) to _____(am/pm).

2. Bucknell University will pay you an honorarium of \$_____ after you have delivered your _____. No deposits will be made! (specify event)

3. If Bucknell University is responsible for reimbursement of any incidental out-of-pocket expenses, please check and initial specific agreement between parties.

_____ (1) travel; \$_____ (specify agreement—No first-class airfare)

_____ (2) lodging; \$_____ (specify type room, local hotel, Ward House, etc.)

4. You must submit an invoice and adequate receipts and documentation as requested by Bucknell to support reimbursement of all reimbursable out-of-pocket expenses.

5. You understand that you are responsible for paying all taxes owed for income you receive from this Agreement, since Bucknell will not withhold any such taxes for you. You also acknowledge and understand that you are an independent contractor in your dealings with Bucknell University. However, if you are a nonresident alien for United States Tax purposes (as defined in the Internal Revenue Services Publication 519), the institution is required to withhold and report the appropriate tax (up to 30%) on all payments received by you or paid on your behalf by the University or a representative of the University.

6. Bucknell University requires each Artist to sign Bucknell's enclosed "Standard Insurance Rider." Said Rider shall become a binding part of this contract.

Kindly indicate your assent to the foregoing by countersigning a copy of this letter and **returning it to me at the following address:**

Name: _____

Address: _____

Sincerely,

Adviser's Signature: _____

Associate Dean of Students
(signature required)

Adviser to _____
(Student Organization Name)

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I hereby agree to the above contract:

Name \_\_\_\_\_  
(Please Print)

\_\_\_\_\_  
(Signature)

Address \_\_\_\_\_

\_\_\_\_\_

Social Security No. \_\_\_\_\_

Federal I.D. No. (if applicable) \_\_\_\_\_

Date \_\_\_\_\_