

Research Foundation of State University of New York
SUNY College at Old Westbury

GUEST SPEAKER AGREEMENT AND PAYMENT AUTHORIZATION FORM

SPEAKER'S
NAME:

DATE/TIME
OF EVENT:

ADDRESS:

LOCATION:

SOC. SEC. NO. _____

FEE: _____

DESCRIPTION OF EVENT:

UNDERSTANDINGS: By signature below, Guest Speaker:

- 1) Acknowledges that he/she is an independent contractor and not an employee of the Research Foundation of State University of New York and shall be personally responsible for any state, local or other taxes associated with this agreement.

(Note: The Research Foundation of SUNY must file an information return in relation to payment of guest speaker fee, therefore, requiring completion of a W-9 form with this form)

- 2) Certifies that he/she is not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in her/his field of professional activity.

Payment shall be made after completion of the above-described activity and within five (5) to seven (7) business days upon receipt of required paperwork in the Grants Management Office.

PROJECT DIRECTOR

GUEST SPEAKER

RESEARCH FOUNDATION
OPERATIONS MANAGER

DATE

DATE

DATE

PLEASE COMPLETE ACCOUNT INFORMATION BELOW:

PROJECT: _____ Task: _____ Award: _____ Expenditure Type/Category: _____

Organization Name (Department): _____

OFFICE USE: Payment Authorized by: _____ Date: _____