

PROCEDURE FOR THE USE OF THE FOUNDATION'S PERFORMER / LECTURER / SERVICE PROVIDER FORM


In order to comply with California law and University policy, the relationship between the service provider, including guest lecturers and performers, must be reviewed and confirmed by CSUN Human Resources prior to the offer or provision of the service. This process is facilitated through the **Independent Contractor Request Form** and a two-week time frame should be allowed for review and approval.

Once the relationship has been confirmed as independent, the process with the service provider for whom you intend to make payment through CSUN Foundation is outlined in this document.

The form must be completed in advance of and before the services in order to allow sufficient time to obtain the required signatures from **both the Fund Manager and the Service Provider**.

The form to be utilized is available on the CSUN Foundation website at:
<https://www.csun.edu/foundation/forms-and-policies>

Additional Forms

- [Corporate and Foundation Proposal Submission Form](#)
- [Direct Deposit Form](#)
- [Event Proposal Submission Form](#)
- [Guest Performer/Lecturer/Service Provider Form](#) 

STEP ONE:

The department or program completes the form with the required information (see attached sample). Required information includes the name, address, phone number, and e-mail address of the service provider. The form must also include the parameters of the service to be provided, i.e., location, date, time, the remuneration/payment, and the specific service to be provided. ***At this time, the specific services can be added to the form as shown on the next page or through a separate document which delineates the specific scope of services to be provided.***

In terms of the Vendor Data Record number, you can check the status with CSUN Foundation at (818) 677-4657 or by e-mail to foundation@csun.edu. Please note a Vendor Data Record is required for all service providers, and payment cannot be made until this one-time process has been completed.

If you have questions, please contact CSUN Foundation at (818) 677-4657



STEP ONE

Name: Matty Matador, Phone: 818-677-1200, Address: 18111 Nordhoff Street, City: Northridge, State: CA, Zip: 91330, Location: Chaparral Hall 200, Date of Service: 09/25/2021, Time: 1:00 - 3:00 p.m., Payment Amount: 250.00

Service to be provided:
Guest Lecture to HOS450

Vendor Data Record Form: [] Required [] On File: Vendor #

CSUN Foundation proposes the services above to be performed as indicated.

James Scott, Fund Manager, Signature, Date

WAIVER & RELEASE

I understand and acknowledge the following as a condition precedent to performing this service: I am working as an independent contractor and NOT as an employee of California State University...

The Internal Revenue Service and the State of California requires the Foundation to collect information from all individuals, including those that are NOT U.S. citizens or permanent resident aliens having a green card to determine residency status for tax purposes...

I agree to perform the services as outlined above.

Contractor Name: Matty Matador, Contractor Signature, Date

AUTHORIZED SIGNATURES

Fund #: A1000, Fund Name: Matador Spirit Fund

I certify that the above indicated service was performed as agreed and authorize payment of this invoice. The expenditure is reasonable and necessary for the University's mission and operations.

Signatures of James Scott (Fund Manager), Cynthia Webster (Financial Approver), and Ira N. Unterman (Foundation Chief Financial Officer)



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STEP TWO:

The form must be reviewed and signed by the Fund Manager. Through their signature, the Fund Manager confirms the information provided and 'offers' to make the payment based on the parameters of the requested service (date, time, location, service to be provided, and the amount of payment). For this reason, the language, **CSUN Foundation proposes the services above to be performed as indicated**, is pre-printed on the form. A sample is attached.

Once the form has been signed by the Fund Manager, please proceed to Step Three.

Please note that Adobe Sign can be utilized to complete Steps Two and Three in sequence. The form can be reviewed and signed by the Fund Manager and then automatically sent to the Contractor for their review and signature. The form should then be retained by the Department or Program.

STEP THREE:

The form must be reviewed and signed by the Contractor/Service Provider **before the services** are rendered. Their signature affirms two critical aspects:

1. Their acceptance of the proposed services for the payment offered
2. Their Waiver and Release to the University and the Foundation regarding their status and liability

Once the Contractor has signed the document and it has been returned to the Department or Program, the Fund Manager or designee should notify the Contractor that the provision of services can proceed as outlined on the form.

A sample of the form at Step Three can be found attached.

**The form should then be retained by the Department or Program
until the services have been performed.**



STEP TWO

Name: Matty Matador, Phone: 818-677-1200
Address: 18111 Nordhoff Street, Email: matty.matador@csun.edu
City: Northridge, State: CA, Zip: 91330
Location: Chaparral Hall 200
Date of Service: 09/25/2021, Time: 1:00 - 3:00 p.m., Payment Amount: 250.00

Service to be provided:
Guest Lecture to HOS450

Vendor Data Record Form: [] Required [] On File: Vendor #

CSUN Foundation proposes the services above to be performed as indicated.

James Scott Fund Manager, James Scott Signature, 09-01-21 Date

WAIVER & RELEASE

I understand and acknowledge the following as a condition precedent to performing this service: I am working as an independent contractor and NOT as an employee of California State University...

The Internal Revenue Service and the State of California requires the Foundation to collect information from all individuals, including those that are NOT U.S. citizens or permanent resident aliens...

I agree to perform the services as outlined above.

Contractor Name: Matty Matador, Contractor Signature, Date

AUTHORIZED SIGNATURES

Fund #: A1000, Fund Name: Matador Spirit Fund

I certify that the above indicated service was performed as agreed and authorize payment of this invoice. The expenditure is reasonable and necessary for the University's mission and operations.

Signatures of James Scott, Cynthia Webster, and Ira N. Unterman with corresponding Signature and Date fields.

STEP THREE

Name Matty Matador Phone 818-677-1200
 Address 18111 Nordhoff Street Email matty.matador@csun.edu
 City Northridge State CA Zip 91330 **Service to be provided:**
 Location Chaparral Hall 200 **Guest Lecture to HOS450**
 Date of Service 09/25/2021 Time 1:00 - 3:00 p.m. Payment Amount 250.00

Vendor Data Record Form: Required On File: Vendor # _____

CSUN Foundation proposes the services above to be performed as indicated.

James Scott _____ *James Scott* _____ *09-01-21*
 Fund Manager Signature Date

WAIVER & RELEASE

I understand and acknowledge the following as a condition precedent to performing this service: I am working as an independent contractor and NOT as an employee of California State University and I am solely responsible for any and all taxes, costs, interest, assessments, property damage, attorney's fees or other costs which may arise from the performance of this service. I do hereby waive, personally release, hold harmless and forever discharge any and all claims for damages for personal injury, including death or property damage, which I may have or which may hereafter accrue to me, against California State University, Northridge as a result of my performance of this service. This release is intended to discharge the State of California; the Trustees of California State University; California State University, Northridge; its auxiliary organizations and their officers, agents, employees and volunteers from all claims arising out of or connected in any way with my participation in the service outlined above. I have read this form and understand its terms and conditions. I also understand that by signing this document, I may be giving up certain rights which I or others claiming through me, may have now or in the future. It is further understood and agreed that this waiver, release and assumption of risk is binding on my heirs and assignees.

The Internal Revenue Service and the State of California requires the Foundation to collect information from all individuals, including those that are NOT U.S. citizens or permanent resident aliens having a green card to determine residency status for tax purposes and the appropriate rate of tax withholding and reporting for any payments due to such individuals. For U.S. tax reporting purposes, payments to individuals that are NOT U.S. citizens or permanent resident aliens having a green card (as declared on the Vendor Data Record Form) may be subject to different U.S. tax rules. Required information and forms **MUST** be provided prior to any payments being processed. Failure to do so may result in the maximum rate of withholding and/or delay in payment.

I agree to perform the services as outlined above.

Contractor Name	Contractor Signature	Date
Matty Matador	<i>Matty Matador</i>	09/8/21

AUTHORIZED SIGNATURES

Fund # A1000 Fund Name Matador Spirit Fund

I certify that the above indicated service was performed as agreed and authorize payment of this invoice. The expenditure is reasonable and necessary for the University's mission and operations.

Fund Manager	Signature	Date
James Scott		
Financial Approver	Signature	Date
Cynthia Webster		
Foundation Chief Financial Officer	Signature	Date
Ira N. Unterman		

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ONCE THE SERVICES HAVE BEEN PERFORMED OR PROVIDED

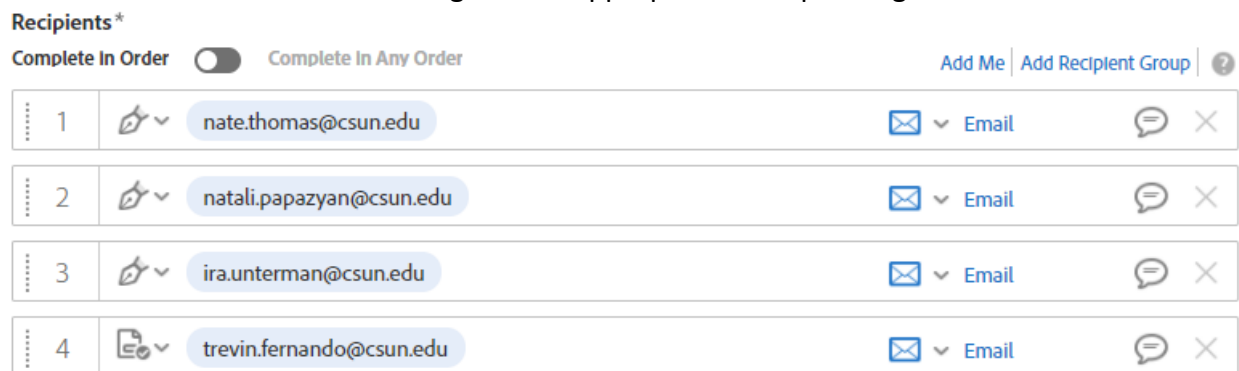
STEP FOUR:

The Department or Program should initiate, through Adobe Sign, to have the required signatures affixed to facilitate the payment for the services. The signers will affirm the services were performed as expected and payment can and should be made to the Contractor/Vendor. Hence, the language, **I certify that the above indicated service was performed as agreed and authorize payment of this invoice. The expenditure is reasonable and necessary for the University's mission and operations**, on the form. See Step Four sample attached.

In addition to the form, any relevant supporting documents related to the service, i.e., an invoice, campus communication, among others, should accompany the form as back-up.

The form should be routed for signatures from the **Fund Manager** to the **Division/College Financial Manager**, and then to **Ira N. Unterman**, Chief Financial Officer of the CSUN Foundation (ira.unterman@csun.edu). The last step in Adobe Sign should be the acceptance of the form by **Trevin Fernando** (Trevin.fernando@csun.edu).

Here is a screenshot from AdobeSign of the appropriate set-up for a guest lecturer in CTVA:



Please note the individual who create the Adobe Sign as well as the signers will receive an e-mail upon the process' completion and a copy will be retained in archives for future reference.

Once CSUN Foundation has accepted the document, payment will be facilitated to the Contractor (Vendor) provided the appropriate documentation has been completed.

Reminder:

All service providers must complete the one-time Vendor Data Form before payment can be made. In addition, CSUN Foundation **strongly** encourages all vendors to utilize the Direct Deposit option to ensure prompt and efficient payment.

If you have questions, please contact CSUN Foundation at (818) 677-4657

STEP FOUR

Name Matty Matador Phone 818-677-1200
 Address 18111 Nordhoff Street Email matty.matador@csun.edu
 City Northridge State CA Zip 91330 **Service to be provided:**
 Location Chaparral Hall 200 **Guest Lecture to HOS450**
 Date of Service 09/25/2021 Time 1:00 - 3:00 p.m. Payment Amount 250.00

Vendor Data Record Form: Required On File: Vendor # _____

CSUN Foundation proposes the services above to be performed as indicated.

James Scott James Scott 09-01-21
 Fund Manager Signature Date

WAIVER & RELEASE

I understand and acknowledge the following as a condition precedent to performing this service: I am working as an independent contractor and NOT as an employee of California State University and I am solely responsible for any and all taxes, costs, interest, assessments, property damage, attorney's fees or other costs which may arise from the performance of this service. I do hereby waive, personally release, hold harmless and forever discharge any and all claims for damages for personal injury, including death or property damage, which I may have or which may hereafter accrue to me, against California State University, Northridge as a result of my performance of this service. This release is intended to discharge the State of California; the Trustees of California State University; California State University, Northridge; its auxiliary organizations and their officers, agents, employees and volunteers from all claims arising out of or connected in any way with my participation in the service outlined above. I have read this form and understand its terms and conditions. I also understand that by signing this document, I may be giving up certain rights which I or others claiming through me, may have now or in the future. It is further understood and agreed that this waiver, release and assumption of risk is binding on my heirs and assignees.

The Internal Revenue Service and the State of California requires the Foundation to collect information from all individuals, including those that are NOT U.S. citizens or permanent resident aliens having a green card to determine residency status for tax purposes and the appropriate rate of tax withholding and reporting for any payments due to such individuals. For U.S. tax reporting purposes, payments to individuals that are NOT U.S. citizens or permanent resident aliens having a green card (as declared on the Vendor Data Record Form) may be subject to different U.S. tax rules. Required information and forms **MUST** be provided prior to any payments being processed. Failure to do so may result in the maximum rate of withholding and/or delay in payment.

I agree to perform the services as outlined above.

Contractor Name	Contractor Signature	Date
Matty Matador	<i>Matty Matador</i>	09/8/21

AUTHORIZED SIGNATURES

Fund # A1000 Fund Name Matador Spirit Fund

I certify that the above indicated service was performed as agreed and authorize payment of this invoice. The expenditure is reasonable and necessary for the University's mission and operations.

Fund Manager	Signature	Date
James Scott	<i>James Scott</i>	9-27-21
Financial Approver	Signature	Date
Cynthia Webster	<i>Cynthia Webster</i>	Sep-28-2021
Foundation Chief Financial Officer	Signature	Date
Ira N. Unterman	<i>Ira N. Unterman</i>	10/01/21