



**GUEST SPEAKER INVOICE C-710**  
**FOR PAYMENTS TO INDIVIDUALS ONLY**

**SPEAKER INFORMATION:**

Full Name: \_\_\_\_\_ Address: \_\_\_\_\_

Last 4 Digits of SSN or ITIN: \_\_\_\_\_ City, State Zip: \_\_\_\_\_

Email Address: \_\_\_\_\_

What pay do you require for this engagement? \_\_\_\_\_

Provide the best date/time of your availability: \_\_\_\_\_

Description of services provided: \_\_\_\_\_

Will you be employed by the CSU on the date services provided: Yes/No \_\_\_\_\_

If answered Yes, please do not proceed.

Individuals must not be current California State University employees on the date of service.

Individuals being paid through this process must be free from control and direction of the public agency in the performance of work, perform work that is outside the usual course of the Guest Speaker's business and customarily engaged in independently established trade, occupation or business of the same nature as the work being performed for the Guest Speaker.

**RESIDENCY STATUS: (Mandatory – Choose only one)**

U.S. Citizen

Permanent Resident Alien (Green Card Holder)

Other\* (please also select one below):

Services performed in the U.S.

Services performed outside of the U.S.

\*For U.S. tax reporting purposes, payments made for services rendered in the U.S. 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. The Internal Revenue Service (IRS), the U.S. government tax authority, requires the University to collect information from all individuals 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. **Required information and forms MUST be provided prior to any payments being processed.** Failure to do so may result in the maximum rate of tax withholding and/or delay in payment. The University allows individuals to provide the required information via the Internet from any web-accessed computer using the Sprintax Calculus, an online tax compliance system. Sprintax Calculus will email a profile activation link to the Guest Speakers who indicated Other\* with the services performed above.

My speaking engagement will be:

In person, on the California State University, Northridge campus

Remote, I will not be accessing the California State University, Northridge campus

## 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.

Speaker's Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

A [Vendor Data Record form](#) **MUST** be on file.

For ACH payments, the [ACH Payment Authorization](#) Form **MUST** be completed.

### FOR INTERNAL USE ONLY

**DEPARTMENT CERTIFICATION / APPROVAL:**

**SPEAKER:** \_\_\_\_\_

**Service Date:** \_\_\_\_\_ **Payment Amount:** \$ \_\_\_\_\_

**I certify that the above indicated service was performed as agreed and herein authorize payment of this invoice:**

Department Head Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

REQUISITION NO: \_\_\_\_\_

#### REQUIRED CHARTFIELDS:

ACCOUNT: \_\_\_\_\_ FUND: \_\_\_\_\_ DEPTID: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

CLASS: \_\_\_\_\_ PROJECT: \_\_\_\_\_ AMOUNT: \$ \_\_\_\_\_

**I certify that the above Guest Speaker did not provide more than two engagements per semester in this college/area:**

**DFO/Dean/Director Approver:** \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

Department Contact: \_\_\_\_\_ Ext: \_\_\_\_\_

#### VICE PRESIDENT SIGNATURE FOR PAYMENT OF \$5,000.00 AND OVER

Approved: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_