

CONTRACTOR AGREEMENT

Associated Student Organization
or other Trust Organization

900 Otay Lakes Road
Chula Vista, CA 91910

☎ 619.482.6568

☎ 619.482.6493



CA No.: 0001

SAMPLE

Name of Club/Organization:	Activity Req. No. _____ (If Applicable)	Voucher No. _____ (If Applicable)
Name of Representative/Originator:	Signature: _____	
Name of Club/Organization Advisor:	Signature: _____	
Date of Club/ASO Meeting:	Minutes Attached: Yes ☐ No ☐	

It is the desire of the aforementioned club/organization to contract with the contractor for special services. These services must be congruent with the educational purpose of Southwestern College.

I. <u>Service to be rendered by contractor:</u> _____ _____	<u>Contracted Amount:</u> \$ _____
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II. Payment to be made by the Financial Services Office (In consideration of the service to be rendered by the contractor, the District agrees to pay the contractor within 30 days upon receipt of invoice and properly executed check request voucher.)

Southwestern College reserves the right to void this contract up to 48 hours prior to performance of stated service.

III. The period covered by this agreement:

BEGINS: Date _____ Time _____
TERMINATES: Date _____ Time _____

I hereby certify that I am not an employee of the District, **“nor”** will I receive payment for the same service **“or”** days of service by any other public agency. I also agree that this contract **does not make** me an employee of the college. Employee benefits, including worker’s compensation. I further understand that I am responsible for all, any, income taxes on this compensation.

District is not responsible for payment, worker’s compensation and tort liability, if any, to/for members/associates that may be employed by contractor in performance of this agreement. (Example: musical performances and other artistic groups where only the agent signs the agreement.)

Name of Contractor: _____ Signature: _____
Business Name: _____ Email: _____
Check Payable to: _____
Address: _____ Phone Number: _____
Street City State Zip Area Code + Phone Number

Approved by Director of Student Activities: _____	Date: _____
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DO NOT WRITE BELOW

Approved? _____ Denied? _____ Reason: _____
Additional paperwork required _____