Stetson University, Inc.

421 N. Woodland Blvd. Unit # 8318

DeLand, FL 32723

# Accounts Payable Registration Form – INDIVIDUALS ONLY

Complete this form and mail/fax to Accounts Payable (386)-822-7034.

If you have any questions with vendor information, call (386) 822-7024

[ ]  Employee [ ]  Student [ ]  Visiting Faculty/Speaker [ ]  Consultant [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Last Name First Name Phone # Fax #

 Mailing Address City State Zip Code Email Address

 Country of citizenship

 Additional information applicable to payment

**SUPPLEMENTAL INFORMATION – ALL INDIVIDUALS OR PAYEES**

 **U.S. Social Security number (SSN**) **OR Taxpayer Identification Number (TIN):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 If none, but applied for, date applied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check the box that best describes your **residency status**:

[ ]  Citizen - (individual) of the United States [ ]  Resident Alien - (individual) of the United States

[ ]  Non-resident alien - (individual)\*

\* Note: If you marked this box, you will be subject to backup withholding of 30% unless a specific treaty exemption with your country of residence and the U.S. exists. You must contact Albert Aguirre, Controller, 386-822-7061, Campus Unit 8318, to complete the appropriate paperwork to claim a treaty exemption.

SIGNATURE – AND SUBSTITUTE IRS FORM W-9 CERTIFICATION

Under penalties of perjury, I certify that the above information is correct and that:

1. The number shown on this form is my correct taxpayer identification number (or, I am waiting for a number to be issued to me), AND

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, **or** (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends **or** (c) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. For real estate transactions item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secure property, cancellation of debt, contribution to an individual retirement (IRA), and generally, payments other than interest and dividends, you are not requited to sign the certification, but you must provide your correct TIN.

 Signature of Payee Date

Stetson University, Inc.

421 N. Woodland Blvd. Unit # 8318

DeLand, FL 32723

# Accounts Payable Registration Form

Complete this form and mail/fax to Accounts Payable (386)-822-8855.

If you have any questions with vendor information, call (386) 822-7024

[ ]  Sole Proprietorship [ ]  Partnership [ ]  Corporation [ ]  Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **COMPANY NAME**  Phone # Fax #

 **REMIT TO** Address City State Zip code Email Address

 Contact Name & Title

 **PURCHASE ORDER** Address (if different) City State Zip code Email Address

 Contact Name & Title

 Payment/Discount terms\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (net 30, 2/10, etc.)

**Check the box that best describes your residency status:**

[ ] Domestic (U.S) Sole Proprietorship [ ]  Domestic Partnership [ ] Domestic Corporation [ ]  Domestic other

\*[ ] Foreign (Non-U.S.)-Sole Proprietorship \*[ ] Foreign (Non-U.S.)- Partnership \*[ ] Foreign (Non U.S.)- Corporation

\*[ ] Foreign (Non-U.S.)- Other\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(explain)

\* Note: If you marked one these boxes, you will be subject to backup withholding of 30% unless a specific treaty exemption with your country of residence and the U.S. exists. You must contact Albert Aguirre, Controller, 386-822-7061, Campus Unit 8318, to complete the appropriate paperwork to claim a treaty exemption.

**U. S. Taxpayer Identification Number (TIN)** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **If applied for, date applied\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

(This number is also known as Federal Employer Identification Number [FEIN])

**SIGNATURE – AND SUBSTITUTE IRS FORM W-9 CERTIFICATION**

Under penalties of perjury, I certify that the above information is correct and that:

1. The number shown on this form is my correct taxpayer identification number (or, I am waiting for a number to be issued to me), AND

2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, **or** (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends **or** (c) the IRS has notified me that I am no longer subject to backup withholding.

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Signature of Payee Date


# Accounts Payable – ACH - DIRECT DEPOSIT

Stetson University Accounts Payable department is now offering the opportunity to have your payment processed as an ACH-DIRECT DEPOSIT (AP-ACH-DD) to your bank account. If you prefer to continue to receive a check, please disregard this and no further action is required on your part.

In the event that you prefer to have your payment direct deposited to your bank account, please provide the following information to Stetson University.

 U.S. Bank Institution: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 ACH ABA # *(nine digits) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Account # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Account Holder Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* To avoid errors, please provide a voided **\*CHECK\* copy**

*Deposit slips often have different ABA/banking routing numbers and cannot be used for this type of bank transaction*

* You will receive an email when the payment has been processed to your bank account

I understand the accuracy of the above information that I am providing to Stetson University is solely my responsibility:

 Signature & Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_



# Event Coordinator - Independent Contractor Agreement

THIS AGREEMENT made and entered into (Today’s date), between STETSON UNIVERSITY, INC., a Florida non-profit corporation, hereinafter referred to as “University”, and

 (Name of Event Coordinator Company/Contractor), hereinafter referred to as “Event Contractor”.

WITNESSETH, that the University contracts for the services of ‘Event Contractor’ as (an) independent contractor(s), not as (an) employee(s), on the terms and conditions set forth below. Company/Event Contractor agrees to render to the University services as follows:

Name of Event:

Date(s) of Event:

Campus Location(s) of Event:

Activities/Equipment Included & Provided in Event:

Hours of Event:

Timeframe Event Contractor/Subs will arrive on Campus:

**Special Provisions/Requests**: Use Addendum Sheet for Details & Riders

**Compensation:**

Compensation/Agreement: $ to be paid at completion of performance/service, day of show.

Check Here if Compensation is noted on Rider or Addendum [ ]

**Payment Agreement**:

Check(s) to be issued to **Event Contractor**

Name:

Address:

Phone Contact(s):

Email Address:

Social Security Number or Federal ID Number:

(SSN #123-45-6789 or FIN #12-34567890)

1. The University contracts for the services of Event Contractor as (an) independent contractor or Company, and not as (an) employee. Event Contractor shall provide a sufficient quantity of capable: performer(s), operators, employees, independent contractors and subcontractors (collectively hereinafter referred to as “Subcontractors”) as needed for the performance of this event. The University shall make payment only to Event Contractor, who shall be solely responsible for compensating any performer(s), artists, operators, employees, Independent contractors and subcontractors acquired for the performance and services of this Event, and as agreed between Event Contractor and its Subcontractor(s). The Subcontractor(s) are self-employed or employees of Event Contractor, who will have the duty of and will be responsible for complying with Federal, State and Internal Revenue Service laws and regulations pertaining to the withholding of taxes and social security, and for complying with any union or Federation rules pertaining to deduction for dues and any health or welfare fund, and any other union or Federation deduction or payment, and Event Contractor will hold Stetson University harmless and indemnify it for any claims therefrom.
2. Event Contractor and its Subcontractors will be allowed reasonable access to the facility used for the engagement before and after the engagement for the purpose of assembling and removing equipment. Event Contractor will arrive at engagement at timeframe designated above. Event Contractor will be allowed access for consultation with Subcontractors at any time. Event Contractor may not be accompanied by guest(s) during event. Requests for complimentary tickets or approval for Event Contractor’s guests should be submitted to the University for approval in advance of the Event.
3. It is mutually agreed that neither party shall be responsible for any provision in this contract or rider(s)/addendums to this contract when prevented from complying with a contractual provision due to any Act of God or any other legitimate condition beyond the control of the appropriate party.
4. Stetson shall not be liable for reimbursing IC for any expenses incurred by IC, including travel expenses, equipment, tools, materials, and/or supplies of any type. Contractors should include these expenses in their total fee, if applicable.

5. The University shall provide such security as it deems reasonably necessary and incidental to the Event venue, and in the event ‘Event Contractor’ shall provide their own security, Event Contractor shall inform and identify to University, the designated security personnel at least 24 hours prior to the commencement of the Event venue, and said security shall comply with all federal, state and local laws, ordinances and regulations, and they shall be subject to the stipulations, rules and control of University’s security at all times while on the premises of the University.

6. Event Contractor shall reimburse, indemnify and hold harmless the University for all loss to the University resulting from the negligence of Event Contractor or its ‘Subcontractors’ in the performance of this contract. In further consideration, Event Contractor hereby agrees to assume all liability, jointly and severally, for any injuries or damages that may be performance, event or equipment related within the scope of services provided by Event Contractor, and for those injuries or damages that Event Contractor, or its employees, performers, Independent contractors or Subcontractors may cause to any persons or property during the Event Venue or while Event Contractor and its Subcontractors are on campus and engaged in the activities described hereinabove. In addition, Event Contractor agrees to provide to the University a certificate of insurance as shown in Term 21. Event Contractor shall be responsible for, and agrees to obtain like certificates of insurance from all Subcontractors to include liability coverage and workers compensation coverage, or work comp exemption certificates as allowed per Florida state statute.

(a). The University shall not be liable for any damages or injuries of the Event Contractor, its Subcontractors or their equipment, while on the University’s premises, and in the performance of this agreement, and Event Contractor hereby releases Stetson University, Inc., its Board of Trustees, Officers, Staff, Employees, Representatives and Agents from all form and manner of risks inherent relating to such activities and services, to include injuries and damages, and agrees to waive all claims and demands of any nature arising from event activities, contracted services and related activities in the performance of this agreement, except for those losses or claims arising from the sole or willful negligence of the University.

7. The validity, interpretation and effort of this contract and any Addendum or rider(s) attached thereto shall be governed by the laws of the State of Florida. The laws of the State of Florida shall govern all rights, obligations, remedies and liabilities arising pursuant to this contract and any rider(s) attached thereto. Venue for any legal action relating to this contract shall be Volusia County, Florida.

8. Any employees, volunteers, independent contractors or other support personnel supplied by the University that may be required, requested and authorized by the University to assist with this Event venue are not subject to national or local union or guild requirements. Event Contractor agree(s) to notify all necessary unions or guilds of the terms of this agreement at least 7 days prior to performance and will hold University harmless and indemnify if from any claims therefrom.

9. Only those items or services specifically delineated in this contract and any rider(s) attached hereto are being provided or paid for by the University. No additional costs for items or services will be borne by the University without its prior expressed written consent.

10. Event Contractor shall be solely responsible for the payment of any and all royalty fees payable as a result of the performance of any copyrighted music or matters performed pursuant to the copyright laws of the United States or any other country and will hold University harmless and indemnify University from any claims therefrom.

11. The University agrees to exercise reasonable care to prevent the recordation, reproduction or transmission of the performance of Event Contractor, in any manner or means whatsoever, in the absence of a specific written agreement with Event Contractor to the contrary. Any agreement to permit recordation, reproduction, or transmission of this performance must be in writing and attached to this agreement as a rider in order to be binding upon the parties of this agreement.

12. Any person/entity executing this contract, other than Event Contractor, expressly warrants that he/it is authorized to execute this contract for Event Contractor for this engagement at the time and place specified in this contract.

13. This contract shall not be binding upon the University until fully executed, including signing and initialing of any changes by the parties hereto, or their authorized representatives, and delivered to the University at least 7 days prior to the date of performance.

14. The University representatives signing this agreement certify that they sign as properly authorized representatives of the University and do not assume any personal liability for meeting the terms of this contract.

15. The University may modify this contract provided written notice is given to Event Contractor. Both parties must initial all additions and deletions to this contract and its rider(s) and addendums in order to be valid. This contract and any rider(s) or addendums attached thereto represents a complete and final expression of the parties’ agreement. The parties will therefore be responsible only for those items expressed in this contract and any rider(s)/addendums attached thereto, irrespective of any additional or contrary oral or written statements or representations.

16. Stetson University is an Equal Opportunity institution that admits students of any race, color, sex, sexual orientation, national and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the University. It does not discriminate on the basis of race, age, color, sex, sexual orientation, national and ethnic origin or handicap in administration of its educational policies, admissions policies, scholarship and loan programs, athletic and other school-administrative programs or activities.

(a). The Event Contractor shall not discriminate in any manner against any employee, student, or applicant for employment because of race, sex, age, color, physical or mental handicap, marital status, religion, national origin or political affiliation.

17. If Event Contractor fail(s) to fulfill its obligations under this agreement properly and on time, or otherwise violates any provision of this agreement, the University may terminate the agreement by written notice to Event Contractor without any obligation on the part of the University. Event Contractor shall remain liable after the termination for any damages caused by Event Contractor breach. The notice shall specify the acts or omissions relied on as cause for termination. The University shall pay Event Contractor fair and equitable compensation for satisfactory performance rendered to the University prior to the receipt of the notice of termination by Event Contractor, less the amount of damages arising from the breach of contract by Event Contractor. In the event that the University’s damages exceed the compensation payable to Event Contractor, Event Contractor shall remain liable after termination and the University may affirmatively collect damages.

18. It is mutually agreed that any attached contract, or any rider(s)/addendums thereto, by and between the University and Event Contractor pertaining to this engagement is supplemental and subordinate to this Stetson University Event Coordinator Contract. The terms and conditions of this Stetson University Event Coordinator Contract and the rights, privileges, duties, and obligations arising pursuant thereto shall at all times and in all events and situations be controlling and prevailing.

19. If in the University’s sole determination, the Event Contractor or their performers, employees, agents or Subcontractors appear on or near the performance site noticeably under the influence of alcoholic beverages, narcotics, drugs, or other controlled substances, or exhibit behavior, conduct or acts that would reflect negatively upon the University or are socially unacceptable as determined by the University or its staff, the University shall have the right to terminate this contract and/or trespass and have the offenders removed from the premises with no liability on the part of the University. The Event Contractor shall be liable to the University for payment within thirty (30) days after demand of all of University’s costs, expenses, damages, and claims resulting from such cancellation, including reasonable attorney’s fees and costs incurred in the enforcement of this provision. Event Contractor acknowledge(s) that no weapons of any kind, alcoholic beverages, narcotics, drugs, or other controlled substances are permitted on or to be consumed on University’s campus or at or near the performance site. It is the responsibility of Event Contractor to relay the information of this term to its Subcontractors. Non-alcoholic beverages as requested by Event Contractor may be provided if separately agreed to in writing by the University and Event Contractor.

20. In the event that Event Contractor or its Performers or Subcontractors desire(s) to have souvenir concession rights at the performance, those rights shall be subject to approval by the University, and controlled by all applicable University rules and regulations and such other requirements as the University may invoke. Event Contractor will be responsible for State sales tax and any vendor’s fees, etc. required by law. The University shall not be held responsible for the security or storage of Event Contractor souvenir concession goods or items and Event Contractor shall hold harmless the University and its staff, students or volunteers who might assist the Event Contractor, performers or Subcontractors with their souvenir concession activities.

21. In addition, IC agrees to provide to the University a certificate of insurance showing proof of the following insurance coverages:

* General Liability Coverage: $1,000,000 Minimum Coverage Limit
	+ Certificate of Insurance should name Stetson University, Inc. as an additional insured in respect to liability and the IC’s services and actions.
* Workers Compensation Coverage: (Unless IC is Exempt per State Statutes)

(a). If IC is not considered to have a workers compensation ‘exempt’ status according to Fla. state statutes, or if IC is performing construction, building repair or maintenance services, or IC’s services require labor intensive physical activities, then IC must also provide a certificate of insurance showing proof of current WC coverage as required by Florida state statutes.

22. The Event Contractor acknowledges that it has received a copy of an executed copy of this contract and shall share the associated terms as necessary with its Subcontractors, and Event Contractor and Subcontractors will be sensitive to the commonly accepted local standards of civility and conduct incidental to their services, operations and performances.

23. In the event any of the provisions of this agreement are rendered to be invalid, illegal or unenforceable for any reason, the remainder of this agreement shall remain in full force and effect and shall be binding on the parties hereto.

IN WITNESS WHEREOF, the parties hereto have authorized their official representatives to execute this document in such counterparts as deemed appropriate and on the date as shown herein.

Date: Date:

FOR STETSON UNIVERSITY, INC. FOR:

 *Name of Artist, Agent or Company*

By: By:

 *Signature of Finance Office Representative Signature of Authorized Representative*

Name: Name:

Title: Title:

 Address:

**Stetson University, Inc.**

**421 North Woodland Blvd., Unit 8318**

**DeLand, FL 32723**

 Email:

Contact Information: Finance Office- Unit 8318 | Email: accountpayable@stetson.edu | Phone: 386-822-7295

**ADDENDUM TO EVENT COORDINATOR CONTRACTOR AGREEMENT BETWEEN**

**STETSON UNIVERSITY, INC. AND .**

 (Event Contractor/CompanyName)

**Check Here if Event Contractor has Attached a Contract Rider** **[ ]**

**Use this section to include additional information and details pertaining to Event Contractor Agreement and/or Provisions:**

**Check Here if Information is attached** **[ ]**

**Use this section to include any Special Requests:**

**Check Here if Special Requests are attached [ ]**

**CERTIFICATE OF INSURANCE**