

CONSULTANT/SERVICE AGREEMENT

For Individuals

Potsdam College Foundation

You have been accepted as a consultant or service provider for services being funded through the Potsdam College Foundation. Please complete the blank portions of the following items, sign the form and return it to your campus contact. It is the responsibility of the campus contact to provide this form and other pertinent documents requesting payment from the Potsdam College Foundation Office, Raymond Hall 507, SUNY Potsdam, Potsdam, NY 13676 as soon as possible.

Name: _____

Home Address (for IRS Purposes): _____

Social Security #: _____

Home Telephone: _____

Place of Employment: _____

Professional Title: _____

Fee: _____

Brief description of Services: _____

Materials Attached Should Include:

_____ W9 (W8 if foreign)

_____ Contract Agreement

_____ Check Request

Contractor Signature *Date*

Campus Contact Signature *Date*

Campus Contact Phone # _____

**This paperwork will not be processed until completion of your service. A check will be mailed approximately four weeks after the completion of your service. A completed W-9 must accompany this form to ensure payment of your fee.*