



Standard Engagement Contract for Non-Employee Services

Use this form to outline provision of services and to provide payment for non-employees who completed a service or are receiving an honorarium (This includes, but is not limited to Entertainers, Lecturers, and Speakers, Performers, Referees, Technical Support, etc.) **NOTE:** *Visitors from outside of the United States require additional paperwork and withholding of taxes. If this applies, please contact Employment Services at 651-696-6280 to initiate completion of proper forms in advance of visit. Failure to do so may result in delayed payment.*

Name of Entity/Performer/Speaker:		Attach a W 9 as documentation of payee's SSN/Federal ID Number. (This form can be found at www.irs.gov).		
Payable to (if different from above):		Service Fees: ↓	+ Reimbursable Expenses*: ↓	= Total Payment ↓
<i>*In the event that there are reimbursable expenses incurred, receipts must be received by the Business Services within twenty (20) days of the performance. Payment will not be issued until all receipts are received.</i>				
Mailing Address:		City	State	Zip
Physical Address (if different):		City	State	Zip
				Email
Day and Date of engagement:	Time of engagement:	Service to be provided:		
Location of Performance/Engagement:		Length of engagement (and # of sets, if applicable)		
Arrival time:		Time needed for set up (if applicable):	Time needed for tear down (if applicable):	
Travel inclusive (airfare/ground transportation, etc.)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Flight information, if applicable:		
Any technical support requests must be listed in the space below OR attached in a technical rider submitted with this contract.				
Macalester primary event contact:				
Name	Phone	Email		
				<input type="checkbox"/> Student <input type="checkbox"/> Faculty/Staff
Macalester secondary event contact:				
Name	Phone	Email		
				<input type="checkbox"/> Student <input type="checkbox"/> Faculty/Staff

Department/Organization Payment Authorization:						
Fund	Organization	Account	Program	Activity	Location	
-----	-----	-----	-----	-----	-----	\$
-----	-----	-----	-----	-----	-----	\$
Organization/Department Name			Requested by:			
Approved by (print):			(Approval signature)			

constitute a violation of this nondiscrimination policy, and Macalester reserves the right to terminate any performance that involves such a violation.

- 22. **PROHIBITION ON CARRYING OR POSSESSING FIREARMS.** In accordance with the Macalester College Policy Regarding Weapons on Campus (Section 12.1.9 of the Employee Handbook), firearms, guns, or weapons of any kind are prohibited.
- 23. Macalester reserves the right to cause this contract to be void if not properly signed and returned within fifteen (15) days after its dispatch to the Performer.

This agreement is hereby approved by the parties:

Departmental Authorization:

Name: _____

Signature: _____

Title: _____

Date: _____

1600 Grand Ave
St. Paul, MN 55105

Phone: 651-696-_____

Fax: 651-696-_____

Email: _____

Signing agent for Performer:

Date: _____

Signing Agent

Name (print): _____

Title: _____

Address: _____

City, State & Zip: _____

Phone: _____

Email: _____

Fax: _____