



CONTRACT/HONORARIUM INFORMATION SHEET

Please fill out this form in completion and upload it along with any other required documents in a Nole Central Purchase Request. Incomplete requests will be denied.

RSO: _____ RSO Contact: _____

Phone: _____ Email: _____

Name of Event: _____

Event Date MM/DD/YYYY: _____

Type of Event (check one): _____ Concert _____ Comedian _____ Lecture _____ DJ _____ Other: _____

Description of Service (1-2 sentences): _____

Name of Artist/Vendor/Payee: _____

Total Amount: _____

Is the payee/vendor/artist providing a contract? _____ Yes _____ No Payment Type

(check one): _____ Day of Show _____ Mail _____ Wire Transfer Check Payable To:

Delivery Address: _____

Payee/Vendor/Artist Contact Name: _____

Business Phone: _____ Email: _____

If you know the name of the person who will sign the contract from the Payee/Vendor/Artist, type name and email:

Event Location: _____ Capacity/Anticipated Attendance: _____

Schedule: Load-in _____ Sound Check _____

Doors Open _____ Event Start _____

Performance Start _____ Performance End _____

Entrance Fee: Student _____ Non-Students _____

SGA/COGS funded events must be free for students and any funds collected must be returned back to A&S fees.

FSU Vendor ID: _____

*If you do not know if the payee is a vendor in the system for Florida State University, please contact SGA Accounting. **Failure of your vendor to complete vendor onboarding 30 business days prior to your event will result in the cancellation of your event.***

Attestation Statement:

I, [], hereby attest, by my signature below, my full understanding and acknowledgment of the following policies as outlined in the FSU RSO Financial Manual:

- a. I understand that students are strictly prohibited from entering into any contracts and/or Memorandums of Understanding (MOUs) on behalf of the organization or the University.
- b. I acknowledge that as a student leader, I must never sign, email, or verbally agree to any contracts, as this authority lies solely with the designated Department or University Representative(s).
- c. I affirm that only Department or University Representative(s) possess the authority to enter into contracts or MOUs with vendors, artists, speakers, or any other external entities on behalf of the organization.

By signing below, I confirm that I have thoroughly reviewed and understand these guidelines, and I am committed to upholding them in all financial dealings on behalf of the organization.

Printed Name of Student Leader

Signature

Date

Advisor Signature

Advisor Printed Name

Date