EXHIBIT 1 – CLAIM FOR PAYMENT

(Instructions: Speaker must complete this Claim for Payment form and submit with the Speaker's invoice.)

I.	PAY TO (please print):		PAYEE LAST NAME	
	FATEE FIRST NAME		FATEE LAST NAME	
	HOME ADDRESS			
	CITY, STATE, ZIP		TELEPHONE NUMBER	
	PAYEE EIN (LEAVE BLANK IF SSN)		FAX NUMBER	
	DEPARTMENT NAME TO BE CHARGED		DEPARTMENT NUMBER TO BE CHARGED	
П.	DESCRIPTION OF SER	VICES:		
III. IV.	DATES OF SERVICES:			
	FROM		ТО	
	PAYMENT/REIMBURSEMENT AMOUNT (must not exceed 1. Contract Fee for Services		t exceed amounts in sig	ned Speaker Agreement): \$
	Travel Reimburseme	Travel Expenses (complete and attach CUNY Non-Employee Travel Reimbursement Form- <u>https://www.osc.state.ny.us/files/</u> state-agencies/2017-11/agency-form-ac3257s-fe.pdf)		
			TOTAL:	\$
V.	PAYEE CERTIFICATIO	DN:		
	fy that the above-listed	services have been perform		
true a	nd accurate representa		t I have not been on	the New TORK State of a
true a	nd accurate representa (or SUNY payroll duri		t i nave not been on	the new Tork State of a

VI. UNIVERSITY/COLLEGE DEPARTMENT AUTHORIZATION:

I certify that the above-listed services have been performed, that the reimbursement claimed is true and accurate, and that the charges are authorized against the account number listed above.

Print Name

Signature

Date