## 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 FIRST NAME | PAYEE LAST NAME |
| :--- | :--- |
| HOME ADDRESS | TELEPHONE NUMBER <br> CITY, STATE, ZIP |
| PAYEE EIN (LEAVE BLANK IF SSN) | FAX NUMBER |
| DEPARTMENT NAME TO BE CHARGED | ( $\quad$ ( |

II. DESCRIPTION OF SERVICES:
$\square$
III. DATES OF SERVICES:

| FROM | TO |
| :--- | :--- |

IV. PAYMENT/REIMBURSEMENT AMOUNT (must not exceed amounts in signed Speaker Agreement):

1. Contract Fee for Services
\$ $\qquad$
2. Travel Expenses (complete and attach CUNY Non-Employee Travel Reimbursement Form-https://www.osc.state.ny.us/files/ state-agencies/2017-11/agency-form-ac3257s-fe.pdf)
\$ $\qquad$

TOTAL: \$ $\qquad$

## V. PAYEE CERTIFICATION:

I certify that the above-listed services have been performed and that the reimbursement claimed is a true and accurate representation. I further certify that I have not been on the New York State or a CUNY or SUNY payroll during the last two years.

## Print Name

## Signature

Date
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.

