SPEAKER AGREEMENT

This S	SPEAKER AGREEMENT ("Agreement") dated	as of, 20 is made between The City			
Unive	ersity of New York on behalf of	("University") and			
the sp	beaker identified in section A below ("Speaker")	or the personal services of the Speaker to speak at the event as described			
in sec	etion B ("Event").				
Event	Description:				
A.	Name and address of Speaker:				
B.	Event Date & Time:				
C.	Venue:				
D.	Schedule:				
E.	University Contact:				
F.	Payment:dollars (\$).			
	Checks shall be payable to and mailed to the Speaker's address. Speaker agrees to submit an invoice and a completed Claim for Payment form to the University Contact for actual appearance and performance of agreement terms.				
G.	Reimbursement for Travel and Other Expens ☐ None				
	☐ Reimbursement of a maximum of \$	for the following (checked boxes only):			
		rel from via [e.g., train, plane]			
	 □ Local transportation to/from Event and/or accommodation □ Overnight accommodations for nights, single occupancy 				
	☐ Other expenses:				
	NOTE: Tax levy travel and expense reimbursements must comply with CUNY policy, including the CUNY Travel Policy regarding non-employee travel, the current version of which is available here: (https://www.cuny.edu/wp-content/uploads/sites/4/page-assets/about/administration/offices/budget-and-finance/resources/CUNY-Travel-Policy 6 24 2010 pdf				
	<u>Policy-6-24-2019.pdf</u>).				
		The City University of New York on behalf of			
	Speaker:				
	By:	By:			
	Name:	Name:			
	Title:	Title:			
This	Agreement was prepared and submitted to t	e Purchasing Department by:			
Print r	name and title of preparer	Signature			
and p	processed by the following individual in the	Purchasing Department:			
Print r	name and title of Purchasing Department processor	Signature			

This agreement contains this cover page, one page of terms and conditions, Exhibit 1 – Claim for Payment.

- 1. **Recording and publication:** Speaker consents to the publication, distribution, broadcast, and/or recording of his or her presentation in any form or media for University purposes, and not for any commercial purpose, unless Speaker objects in writing at least ten (10) days prior to the Event.
- 2. **Taxes:** Speaker shall be responsible for any tax consequences arising from this payment for services.
- 3. **Marketing and promotion of Event:** The University shall be solely responsible for all marketing and promotion of the Event.
- 4. Cancellations: Either party may cancel this Agreement without obligation to the other if cancellation notice is received in written form at least thirty (30) days before the Event date. University may cancel this Agreement without liability if Speaker fails to comply with any term of this Agreement. Both parties shall be released from any liability or damages if the terms of this Agreement cannot be fulfilled due to illness, accident, or any other legitimate condition beyond the control and without the fault or negligence of the University or the Speaker. However, in the event of such a force majeure event the parties shall use reasonable efforts to agree on a substitute date for the Event.
- 5. **Applicable law:** This Agreement shall be governed by the laws of the State of New York.
- 6. **Independent contractor:** Speaker is an independent contractor and not an employee or agent of the University.
- 7. **Assignments and subcontracting:** Neither party may assign or delegate its rights or obligations under this Agreement without the prior written consent of the other party.
- 8. **Execution and counterparts:** This Agreement may be executed simultaneously in two or more counterparts, each of which shall be deemed the original Agreement, but all of which together shall constitute one and the same instrument. Facsimile or pdf signatures shall be deemed to be original.
- 9. **Miscellaneous**: Speaker certifies that he or she has not been on the New York State or a CUNY or SUNY payroll during the last two (2) years.

EXHIBIT 1 – CLAIM FOR PAYMENT

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

I. PAY TO (pleas	PAY TO (please print):				
PAYEE FIRST NAME	• ,	PAYEE LAST NAME			
HOME ADDRESS		L			
CITY, STATE, ZIP		TELEPHONE NUMBE	R		
PAYEE EIN (LEAVE E	LANK IF SSN)	FAX NUMBER	-		
DEPARTMENT NAME	TO BE CHARGED	() DEPARTMENT NUMI	BER TO BE CHARGED		
II. DESCRIPTION	DESCRIPTION OF SERVICES:				
III. DATES OF SE	RVICES:				
FROM	RVICES.	ТО			
2. Travel Exp Travel Rei	Ψ				
		Te	OTAL: \$		
true and accurate re	ve-listed services have been	tify that I have not be	the reimbursement claimed is a een on the New York State or a		
Print Name	Signat	ure	Date		
I certify that the abo	/COLLEGE DEPARTMENT A ve-listed services have been at the charges are authoriz	n performed, that the	reimbursement claimed is true t number listed above.		
Print Name	 Signat	ure			