

## Service Agreement

The undersigned hereby agree to a fee and/or travel reimbursement of \_\_\_\_\_

as payment in full for providing the following services: \_\_\_\_\_

on \_\_\_\_\_ at \_\_\_\_\_ for \_\_\_\_\_  
*Date Location A.S. Core Program, Funded Area or RSO*

**General Indemnity:** The Service Provider agrees to indemnify, defend, and save harmless the State of California, the Trustees of the California State University, the Associated Students, the University, its officers, agents, and employees, from any and all claims and losses accruing or resulting to any other person, firm or corporation furnishing or supplying work, service, material or supplies in connection with the performance of this Contract, and from any and all claims and losses accruing or resulting to any person, firm or corporation which may be injured or damaged by the Contractor in the performance of this Contract.

### Service Provider (aka Vendor) Information:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Payee Data Record Form 204 (Request for Taxpayer ID# and Certification)

Check One:  Completed/Will Complete [Digital 204](#)  Vendor Information Already On-File

\_\_\_\_\_  
 Signature Date

### A.S. Core Program, Funded Area or RSO:

Budget Administrator / Treasurer Name: \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

Advisor / Coordinator Name: \_\_\_\_\_

\_\_\_\_\_  
 Signature Date

A.S. Executive Director: \_\_\_\_\_  
 Signature Date