



ASSOCIATED STUDENTS

Humboldt State University

University Center, South Lounge
(707) 826-3771

Service Agreement

The undersigned hereby agrees to a fee and/or travel reimbursement of _____

as payment in full for providing the following services: _____

On _____ at _____ for _____
MM/DD/YY Location A.S. Program Name or HSU Club Name

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 Information:

Mailing Address / PO Box City State Zip
(_____) _____
Phone Email Address

Signature Printed Name Date

Check One: Payee Data Record 204 Attached: Payee Data Record 204 On-File:

AS Program/Club Advisor Information:

Signature Printed Name Date Email Address

A.S. Executive Director Signature Date

SERVICE AGREEMENTS OVER \$500 ARE NOT VALID WITHOUT A.S. EXECUTIVE DIRECTOR SIGNATURE

NOTES:

Upon receipt of this signed agreement and a completed Payee Data Record 204 form (Request for Taxpayer Identification Number and Certification), payment to the above person/organization will be processed and a check will be mailed to the service provider's address within one week of delivery of services.