

**Short Term Limited Scope Service (STLS)
Agreement and Express Invoice**

**Use only for services up to \$5,000.00 provided by an individual/sole proprietor.
If services costs more than \$5,000.00, please have the department enter a requisition.**

For use for the following services only, check appropriate box:

- Accompanists Art Model Guest Artist/Lecturer Honorarium Participant (FOR GRANT USE ONLY) Photographer/Videographer
 Note taker Referee Sign Language Interpreter Student (For Accounts Payable purposes)

Other: _____

ATTENTION: IF YOU ARE A UNIVERSITY EMPLOYEE, YOU MAY NOT USE THIS FORM. PLEASE SEE PAYROLL INSTEAD.

Payee Information:

Name: _____

Address: _____

City, State, Zip: _____

Vendor Data Record Form: On File Attached

***NO PAYMENT WILL BE ISSUED WITHOUT A COMPLETED VDR.**

Tax Payor ID # or Last 4 digits of SSN #: _____

Check Delivery Instructions:

Mail to Payee Pick up at Cashier's Office Date Needed: _____

Department Name: _____

Department Contact: _____

Contact Phone #: _____

Proof of Auto Insurance:

Drove to University** Did not drive to University

Used Public Transportation Lives on Campus

Does not provide this service as primary function for coming to Campus

****A PROOF OF VALID/CURRENT AUTO INSURANCE IS REQUIRED TO PROTECT THE UNIVERSITY FROM ANY LIABILITY.**

Account	Fund	Dept. ID	Program	Class	Project/Grant***	Total Due:
						\$ _____

*** Please attach multiple cost lines on a separate sheet.

Brief Description of Service:

Date of Service: _____ Total Hours of Service: _____

RELEASE OF LIABILITY: For the aforementioned services, I assume all liability for any damage or injuries accruing thereof, and that further, in consideration for being allowed to provide this service hereafter referred to as the Activity, I release from liability and waive my right to sue the State of California, the Trustees of the California State University, and which own and operate California State University, East Bay and their employees, officers, volunteers and agents (collectively "University") from any and all claims, including illness, injuries, death or economic loss that I may suffer because of my involvement in this Activity, including any travel to and from the Activity. I will hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my involvement in this Activity. It is further agreed that this waiver, release, and assumption of risk is to be binding on my heirs and assigns.

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining items.

Name: _____

Date: _____

Signature: _____

This is the sole binding contract for this service with the University; other contractual documents will not be accepted.

I certify that the vendor is acting in an independent capacity and not as an officer or employee or agent of the State of California. I also certify that the above services have been satisfactorily performed or are to be performed as stated.

Approval of authorized individual such as Department Chair,
Dean, etc.

Date

Purchasing Review

Date