

PRE-CONTRACT FORM

Organization Name: E-Mail: Event Name (If applicable): Event Location:		Phone: Event Date:			
			SPEAKER/VENDOR INF		e seed
			Name:		
Specifically describe yo	ur expectations from the spea	ker/vendor (i.e. services, presentation topic, length of program):			
•	below that apply to this speal				
Former Stockton Employee Current Stockton Employee		Current Stockton Student/Intern Relative of Stockton Board of Trustee Member			
Relative of Stockton Employee		Subcontractor			
PAYMENT & ACCOMM	ODATIONS (If Applicable)				
Fee:		n and final invoice are required to process payment.			
	•	provide the contract received from the speaker/vendor			
Is the fee all inclusive?					
	udes all costs and expenses, in	cluding mileage, travel expenses, meals, lodging accommodations,			
or equipment rental					
Any out of pocket expenses t addition to the Fee set out a reimbursement rate adopted	the University agrees to pay shall be l bove. Original receipts must be subm d by the University.	nal expenses listed below to accommodate the speaker/vendor. isted below and paid at Service Provider's actual cost with no mark-up and are in itted with reimbursement requests. All travel expenses shall be reimbursed at the dates:			
Meals:					
Mileage (Pl	ease list starting location):				
Other (Plea	se describe):				
Please describe any oth	ner special requests/accommo	dations for this speaker/vendor:			