 **Request to Contract Services for SOU Event**

**Requestor Information**

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| --- | --- | --- | --- |
| Name: |  | Department/Club: |  |
| Email: |  | Phone: |  |

**Event Details**

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| --- | --- | --- | --- |
| Event Name: |  | Location: |  |
| Date(s) of Event: |  |
| Event Details: |  |

**Vendor Details**

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Vendor: |  | Date of Birth: |  |
| Address |  |
| Email: |  | Phone: |  |
| Date(s) of Service: |  | Are you paying? |  |
| Amount to pay: |  | Index Code  |  |
| Detailed description of services provided: |  |
| Is the vendor a student at SOU? | □ Yes □ No |
| Has the vendor ever worked for SOU, or another State of Oregon public entity (eg U of O, Medford School District, etc.)? | □ Yes □ No |
| Does vendor own their own business related to the services provided? | □ Yes □ No |
| Does the vendor have other clientele for the same services provided? | □ Yes □ No |
| Will the vendor be providing their own content and/or equipment for services provided? | □ Yes □ No |
| Will any SOU representative direct or otherwise control the methods of providing or outcome of the service? | □ Yes □ No |
| Will the vendor have oversight of any SOU student or representative for the services provided? | □ Yes □ No |

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| Requestor Printed Name | Signature | Date |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Department Approval Printed Name | Signature | Date |

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| **Service Center Use** |
| □ PSC | Notes: |  |  |
| □ IEA |  |  |  |
| □ Volunteer |  |  |  |
| □ Other |  |  |  |
| Completed by: |  | Date: |  |