

EXHIBIT 1

INDEPENDENT CONTRACTOR SERVICE CLAIM FOR PAYMENT

(Instructions: This Claim for Payment form is to be submitted with the Contractor's invoices)

I. PAY TO (please print):

PAYEE FIRST NAME	PAYEE LAST NAME
HOME ADDRESS	
CITY, STATE, ZIP	TELEPHONE NUMBER () -
PAYEE EIN (LEAVE BLANK IF SSN)	FAX NUMBER () -
DEPARTMENT NAME TO BE CHARGED	DEPARTMENT NUMBER TO BE CHARGED

II. DESCRIPTION OF SERVICES:

III. DATES OF SERVICES:

FROM	TO
FROM	TO

IV. PAYMENT/REIMBURSEMENT AMOUNT:

1. Services (complete A **or** B):

- A. Contract Fee \$ _____
- B. Rate per hour/day \$ _____ x hours/days _____ \$ _____

2. Travel Expenses (non-employee only - refer to current travel guidelines):

- A. Transportation (\$ ____/mile x _____ miles) \$ _____
- B. Lodging (Amount/Day _____ x _____ days) \$ _____
- C. Meals (non-employee per diem only) \$ _____
- D. Other (attach explanation/justification) \$ _____

TOTAL: \$ _____

V. PAYEE CERTIFICATION:

I certify that the above-listed services have been performed and that the reimbursement claimed is a true and accurate representation. I further certify that I have not been on the New York State or a CUNY or SUNY payroll during the last two years.

Print Name

Signature

Date

VI. UNIVERSITY/COLLEGE DEPARTMENT AUTHORIZATION:

I certify that the above-listed services have been performed, that the reimbursement claimed is true and accurate, and that the charges are authorized against the account number listed above.

Print Name

Signature

Date