

Remit Contract Approval Cover Sheet along with Contract/Agreement and attachments to Brenda Williams, Legal Executive Assistant, Office of General Counsel (bwilliams@lynn.edu)

Today's date: (mm/day/year)

Required date:

---

**Originator:**

Primary Contact Name:

Title:

Department:

Phone No.:

E-mail:

---

**Vendor Information**

Vendor Name:

Address:

City/State/Zip Code:

Contact Name:

Phone No.:

Agent Name/Address/Phone No.: (if applicable)

Has University contracted with this Vendor/Agent in the past?

Yes

No (Attach Form W-9)

---

**Contract / Agreement Information**

Type of Contract/Agreement

Vendor

Exhibitor

Speaker

Guest Artist

Name of Event/Services:

Type of Event:

*Date(s)/Time(s) of Event:*

*Location of Event:*

*Space reserved: (R25)*

*Yes*

*No*

*Detailed description of services: (use separate sheet, if needed)*

*Additional services provided by Vendor:*

*Services provided by University:*

*Required documents to be attached:*

*Marked-copy*

*Original*

*COI*

*License or Permit*

***If the Contract/Agreement requires University to provide a Certificate of Insurance to Vendor, please contact the Office of General Counsel.***

---

***Compensation Lynn will pay or reimburse to Vendor  
(complete all that apply, if applicable)***

*Airfare: \$*

*Hotel:*

*#Nights*

*Room size*

*Car Rental:*

*Economy*

*Mid-size*

*Meal Vouchers:*

*Transportation reimbursement details:*

*Comments:*

---

***Payment Processing***

*Deposit Amount:*

*Date due:*

*Total contracted amount:*

*Date due:*

*Payee Name: (if different from above)*

*Payee Federal Tax ID# or SSN:*

*Date payment due by:*

---

*Dept. Head signature REQUIRED:*

*Date*

*VP signature REQUIRED:*

*Date*