



**GUEST / SPECIAL LECTURER INVOICE C-710
FOR PAYMENTS TO INDIVIDUALS ONLY**

TO:

California State University Northridge
18111 Nordhoff Street
Northridge, CA 91330-8202

FROM:

Full Name: _____
Address: _____
City, State Zip: _____
Email Address: _____
Last 4 Digits of SSN or ITIN: _____

Date(s) of Lecture(s): _____ **Payment Amount: \$** _____

RESIDENCY STATUS: (Mandatory – Check one only)

U.S. Citizen

Permanent Resident Alien (Green Card Holder)

Other*

***GLACIER: (Web-Based Information Collection System)**

For U.S. tax reporting purposes, payments to individuals that are **NOT** U.S. citizens or permanent resident aliens having a green card (as declared on the *Vendor Data Record Form*) may be subject to different U.S. tax rules. The Internal Revenue Service requires the University to collect information from all individuals that are **NOT** U.S. citizens or permanent resident aliens having a green card, to determine residency status for tax purposes and the appropriate rate of tax withholding and reporting for any payments due to such individuals. **Required information and forms MUST be provided prior to any payments being processed.** Failure to do so may result in the maximum rate of withholding and/or delay in payment. A *Glacier* User ID and Password (with instructions) will be emailed to any guest/special lecturer who indicated *Other** above.

WAIVER & RELEASE

I understand and acknowledge the following as a condition precedent to performing this service:

I am working as an independent contractor and **NOT** as an employee of California State University and I am solely responsible for any and all taxes, costs, interest, assessments, property damage, attorney’s fees or other costs which may arise from the performance of this service. I do hereby waive, personally release, hold harmless and forever discharge any and all claims for damages for personal injury, including death or property damage, which I may have or which may hereafter accrue to me, against California State University, Northridge as a result of my performance of this service. This release is intended to discharge the State of California; the Trustees of California State University; California State University, Northridge; its auxiliary organizations and their officers, agents, employees and volunteers from all claims arising out of or connected in any way with my participation in the service outlined above.

I have read this form and understand its terms and conditions. I also, understand that by signing this document, I may be giving up certain rights which I or others claiming through me, may have now or in the future. It is further understood and agreed that this waiver, release and assumption of risk is binding on my heirs and assignees.

Lecturer’s Signature: _____ **Print Name:** _____ **Date:** _____

A [Vendor Data Record form](#) **MUST** be attached or on file.

DEPARTMENT CERTIFICATION / APPROVAL:

LECTURER: _____

I certify that the above indicated lecture was performed as agreed and herein authorize payment of this invoice:

Authorized Signature: _____ **Print Name:** _____ **Date:** _____

REQUISITION NO: _____

REQUIRED CHARTFIELDS:

ACCOUNT: _____ FUND: _____ DEPTID: _____ PROGRAM: _____ CLASS: _____ PROJECT: _____ AMOUNT: \$ _____

DFO/Dean/Director Approver: _____

Print Name: _____

Date: _____

Department Contact: _____

Ext: _____