

**EXHIBIT 1**

**INDEPENDENT CONTRACTOR SERVICE CLAIM FOR PAYMENT**

(Instructions: This Claim for Payment form is 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