THE
HUNTER COLLEGE
FOUNDATION, INC.

Application for Compensation
For
Services Rendered

Payable To: _____

Address: _____

Date(s): _____ Payment Amount: $ _____

Services Rendered: _____

SSN: [_____] - [____] - [_____]   Telephone #: (   ) _____ - _____

(Please In a copy of Payee's Social Security card and flyer of Event (if any) along with this form)

CUNY Employee Status
o I certify that **I am not** an employee of the City University of New York (CUNY)
o I certify that **I am** an employee of CUNY and :
o My services were provided **during** my regular working hours
o My services were provided **outside of** my regular work hours

Signature of Payee: _____ Date: _____

Supervisor Name: _____ (Print)

_____ (Signature)   Date: _____