

Client Services Worksheet

EVENT DETAILS

Event Title: _____ Event Date: _____
Event Times: SET-UP _____ START TIME _____ END TIME _____ BREAKDOWN _____
Event Location: _____ Expected Attendance: _____

GROUP SPONSOR

Group Name: _____ Organizational Budget #: _____
Coordinator Name: _____ Coordinator Phone #: _____
Coordinator Email: _____

CONTRACTOR DETAILS

Name Contractor Uses: _____ Pronouns: _____
Full Legal Name: _____ Tax ID / SSN #: _____
Mailing Address: _____ City: _____ State: _____ ZIP: _____
Phone #: _____ Email Address: _____

SCOPE OF SERVICE

Use the format below to detail the services provided by the contractor.

Compensation Amount: \$	Check Disbursement: <input type="checkbox"/> Standard <input type="checkbox"/> Hold Warrant
a) Type of provided service, duration of service, start and end time, location <i>example: Contractor will perform two 45-minute sets of music in the Longhouse at 6pm for the student organization Music Club</i>	
b) Necessary arrangements <i>example: Contractor will provide for all means and cost of meals, transportation, and lodging expenses</i>	
c) Necessary equipment and supplies <i>example: Contractor will provide the necessary equipment and materials to perform this service and Evergreen will provide sound support</i>	
d) Appearance for service set-up <i>example: Contractor will appear for event set-up and sound check at 4pm or two hours before event begins</i>	

read the fine print This document is not a contract or honorarium. This document provides information to prepare a contract or honorarium. This document should be completed 3 weeks prior to the event date to ensure enough processing time.

ADVISOR REVIEW

Advisor Signature: _____ Date: _____

FRONT DESK PROCESSING

☐ Date Received _____ ☐ Typed ☐ Sent ☐ Received ☐ Sent to Purchasing ☐ Posted on Budget ☐ **Logged**