



## PERSONAL SERVICES PERFORMED

**\*\*Please complete all forms in blue or black ink\*\***

This is to certify that I, \_\_\_\_\_ ,  
(Print Name)

performed \_\_\_\_\_  
(Type of Service Performed)

for the AS Program \_\_\_\_\_  
(AS Program/Specific Event)

List Specific Dates and Hours Worked:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I request that I be paid \$ \_\_\_\_\_ , at the rate of \$ \_\_\_\_\_ per hour (game, event, etc.)  
for the above services.

The Claimant(s) agrees to indemnify and save harmless the Associated Students, Inc., CSUN, and the Sponsor, its officers, agents and employees from any and all losses, costs or damages of any nature or description whatsoever, occurring or resulting to the Claimant(s) in connection with the performance of said Agreement, and from any and all claims and losses occurring or resulting to any person, firms, or corporation who may be injured or damaged by the Claimant(s), his representatives, or servants, or employees, in the performance of services under this Agreement.

Approved by:

\_\_\_\_\_  
(Signature of Claimant)

\_\_\_\_\_  
(Person Requesting Payment Signature)

\_\_\_\_\_  
(Street Address)

\_\_\_\_\_  
(Faculty/Staff Advisor Signature)

\_\_\_\_\_  
(City, State, and Zip Code)

Check to be: \_\_\_\_\_ Mailed

( ) \_\_\_\_\_  
(Telephone)

\_\_\_\_\_ Picked Up

\_\_\_\_\_  
Social Security Number – ( I M P O R T A N T )

Please allow five (5) days for check  
Processing. Checks may be picked up  
in USU SW 100

\*Please complete a California 590 Form if Performer is a California Resident