

# LETTER OF AGREEMENT

*Complete this form legibly. Submit original Letter of Agreement Form to the SORF Office along with a Vendor Information Form and Expenditure Request Form (all to completed in ink or typed).*

Date: \_\_\_\_\_

This is to confirm the agreement between:

\_\_\_\_\_  
(Registered Student Organization)

and \_\_\_\_\_  
(individual performing the services)

Name of Event: \_\_\_\_\_

Type of Event: \_\_\_\_\_

Date of Event: \_\_\_\_\_

Place/Location: \_\_\_\_\_

Time of Event: \_\_\_\_\_

Total Honorarium/Fee to be paid (not amount funded by SORF): \_\_\_\_\_

**Agreed to and accepted by:**

**To Be Completed by RSO:**

**To Be Completed by Vendor:**

\_\_\_\_\_  
(Print name of organization representative)

\_\_\_\_\_  
(Print the name of person to be paid)

\_\_\_\_\_  
(Signature of organization representative)

\_\_\_\_\_  
(Signature of person to be paid)

\_\_\_\_\_  
(Address or organization representative)

\_\_\_\_\_  
(Address of person to be paid)

\_\_\_\_\_  
(Phone number of representative)

\_\_\_\_\_  
(Phone number of payee)

\_\_\_\_\_  
(Email address of representative)

\_\_\_\_\_  
(Email address of payee)

The University of Illinois requires a "Vendor Information Form" to be completed in order to process any contracts and remit payment. If you have any questions about this Letter of Agreement - entered into by the artist and the sponsoring organization - and/or the Vendor Information Form, please contact the SORF Office: (217) 244-2418.

A Social Security Number (SSN) or Federal Employer Identification Number (FEIN) is required for the University of Illinois to process an honorarium payment. This information will be provided on the Vendor Information Form. The University is required by Federal law to report such payments along with SSN/FEIN to Federal and state agencies on forms required by law. The University will not disclose a recipient's SSN/FEIN without the consent of the recipient to anyone outside the University except as mandated by law.