

**EXHIBIT 1
CONTRACTOR SERVICE CLAIM FOR PAYMENT**

(Instructions: This Claim for Payment form is to be submitted with the Contractor’s invoices)

I. PAY TO (please print):

| | |
|---------------------------------|---------------------------------------|
| PAYEE FIRST NAME | PAYEE LAST NAME |
| HOME ADDRESS (CITY, STATE, ZIP) | |
| E-MAIL ADDRESS | 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 during the last two (2) years I have not been employed or paid as an employee by CUNY, SUNY, New York State agency or any entity that derives its funds from New York State.

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