

**NOTICE:**  
**TTU/TTUHSC EMPLOYEES WILL NOT BE PAID THROUGH SGA FUNDS FOR  
CAMPUS SPEAKER AND/ OR PROFESSIONAL SERVICES.**

**CAMPUS ORGANIZATIONS-CONTRACT FOR SPEAKERS AND/OR  
PROFESSIONAL SERVICES**

Name of Organization: \_\_\_\_\_ Presentation Date: \_\_\_\_\_

\_\_\_\_\_  
Professional's Name Social Security Number

Is Professional a United States citizen or permanent resident alien? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If No please refer to Page 9 & 10 of the Funding Handbook)

Is Professional a current TTU/TTUHSC Employee? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(If Yes, SGA cannot pay/reimburse them)

\_\_\_\_\_  
Professional's Home Mailing Address City State Zip

Presentation Topic (Please be Specific)

\_\_\_\_\_

Audience \_\_\_\_\_

\_\_\_\_\_

Location of Event: \_\_\_\_\_

**Expenses:**

Professional Fee \$ \_\_\_\_\_ Lodging Expenses \$ \_\_\_\_\_

Travel Expense \$ \_\_\_\_\_ Meals \$ \_\_\_\_\_

Number of hours per day the person spent performing the service \_\_\_\_\_

TOTAL Reimbursement to be paid to Professional \$ \_\_\_\_\_

**PAYMENT OF PROFESSIONAL AND/ OR SPEAKER FEE AND REIMBURSEMENT OF  
TRAVEL EXPENSES WILL GO DIRECTLY TO SPEAKER**

\_\_\_\_\_  
Professional's Signature

\_\_\_\_\_  
Advisor's Signature

\_\_\_\_\_  
Organization President's Signature

Org Contact Person: \_\_\_\_\_