



Personal Services Performed Agreement

This is to certify that

Name of individual or Group Claimant

will perform / performed

Type of Service

for the WACUHO Program

On	Date(s)	From	Begin Time	To	End Time
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I / We request remuneration in the form of the following:

- Honrarium
- Travel
- Hotel
- Other

The Claimant(s) agrees to indemnify and save harmless the Western Association of College and University Housing Officers (WACUHO), the sponsor, it's 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.

Signature of Claimant

Date

(If multiple) Signature of Claimant

Date

Requested by (Program Chair) - Also submit Check Request Form

Date

Approved by (WACUHO President or Treasurer)

Date