

## AGREEMENT FOR GUEST ARTISTS, CONSULTANT SERVICES

This agreement is made and entered into this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, by and between \_\_\_\_\_ and \_\_\_\_\_

for: Event/Services **(be specific):**

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For consultant services, attach additional sheet detailing services and associated costs.

**For medical or teaching consultant services, a copy of their certification must be attached before agreement will be processed.**

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

Location: \_\_\_\_\_

Honorarium/Fee: \_\_\_\_\_ All inclusive or Including expenses below:

*(To be reimbursed in accordance with College policy\*--receipts must be submitted with invoice.)*

Airfare/mileage      hotel      meals      parking/taxi

Del Mar College Contact (name/department/phone) \_\_\_\_\_

**Approved by:**

**Account #:**

\_\_\_\_\_  
Department Supervisor      Date

\_\_\_\_\_

**Agreed:**

**Agreed:**

\_\_\_\_\_  
Dean      Date

\_\_\_\_\_  
Signature      Date

**Agreed:**

\_\_\_\_\_  
Address

By: \_\_\_\_\_  
President, Del Mar College      Date

\_\_\_\_\_  
City      State      ZIP

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

SS# \_\_\_\_\_

**PAYMENT WILL BE MADE AFTER COMPLETION OF EVENT OR SERVICES; PAYABLE UPON RECEIPT OF INVOICE OR WRITTEN CONFIRMATION BY DEAN THAT SERVICES HAVE BEEN COMPLETED.**

*Department: \*Attach copy of College travel policy for guest artist/consultant when including expenses; after both parties have signed, return one copy to guest artist/consultant.*