

## The University of Southern Mississippi Charitable Contractual Service Agreement

I hereby agree to comply with the terms and conditions of this Procurement and Contract Services Charitable Contractual Service Agreement as outlined in the University Snack Policy and Procedures at [http://www.usm.edu/procurement/contract\\_home.html](http://www.usm.edu/procurement/contract_home.html)

I hereby agree as donating vendor to not accept any benefits (payment, distribution of marketing material and advertisements) from this donation. I understand that this transaction is a donation and the organization and/or department may have the donating vendor listed on the respective program, bulletin, or T-shirt. Any tax implications shall be considered by the donating vendor's tax firm and is not the responsibility of the University

**Requirements and Responsibilities:**

- ⌚ Must be a student organization or department
- ⌚ Organization and Department must have the donating vendor sign this agreement
- ⌚ Organization and Department must disclose charitable intentions, and financial sales disclosure

I hereby understand that the University may terminate my right to conduct charitable events at any time and for any reason. I hereby agree to all terms and conditions of the Charitable Contractual Service Agreement and University Snack Policy.

**Donating Vendor Information**

Vendor Name \_\_\_\_\_  
 Street \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Purpose \_\_\_\_\_

Date Requested \_\_\_\_\_  
 Date Needed \_\_\_\_\_

**Organization/ Department Information**

Organization/ Department Name \_\_\_\_\_  
 Box Number \_\_\_\_\_  
 Phone Number \_\_\_\_\_  
 Email Address \_\_\_\_\_  
 Budget String \_\_\_\_\_  
 Purpose \_\_\_\_\_

Date Requested \_\_\_\_\_  
 Date Needed \_\_\_\_\_

<u>Approval</u>	<u>Event Location</u>	<u>Donated Amount</u>	<u>Total Sales</u>	<u>Total Donation</u>	<b>*For Internal Use Only*</b>

\_\_\_\_\_  
 Donating Vendor Applicant Signature                      Date                      Printed Name

\_\_\_\_\_  
 Organization/ Department Applicant Signature      Date                      Printed Name