



OFFICE OF STUDENT INVOLVEMENT
UNIVERSITY OF MISSOURI - KANSAS CITY

Dear _____ ,

This correspondence is to confirm the agreement for services between yourself and _____ .

The agreement is for you to receive an _____ in the amount of \$ _____ for _____ .

The payment will be processed upon your acceptance of this agreement.

Please complete the information listed below and return this document to me. If you have any questions, please feel free to contact the office at _____ . Thank you for your time and patience.

Sincerely,

I accept the above fee:

Signature

Faculty/Staff Advisor Signature

Please Fill out attached W-9 for identification information

Faculty/Staff Advisor Name (printed)

Student Organization

Student Representative Signature

Student Org. MoCode

Student Representative Name (printed)