



Cleveland State University

Department of Student Life

MEMORANDUM Agency Accounts

DATE: _____

TO: Dr. James Drnek, Dean of Students & Vice Provost for Student Affairs

SUBJECT: Signature of Approval – Performance Agreement

The attached Performance Agreement is for:

Artist: _____ Engagement Date: _____

Organization Name _____

Performance agreements must be signed by the performer and CSU and returned ten (10) days prior to the performance.

This Performance Agreement has been reviewed by the Department of Student Life staff and is submitted for your signature of approval. Information includes:

- *Artist* Information and Services Provided
- *Purchaser* Information and Services Provided
- Engagement Date, Payment, Location and Details
- Account Number and Fund Availability

Please note any special issues:

Signature, Organization Advisor

Date

Signature, Dr. Mary Myers, Coordinator of Student Organizations

Date

Please return all signed Agreements to The Department of Student Life for processing of Payment.
Call 687-2048 for pick up. Thank you.

Mailing Address: 2121 Euclid Avenue, Cleveland, Ohio 44115
Campus Location: University Center 102
Voice (216) 687-2048 – Fax (216) 687-5441
Email: student.life@csuohio.edu

Attachments: Three (3) copies of Performance Agreement