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<tr>
<th>Travel and Entertainment Expense Voucher</th>
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<td><strong>Travel Expense</strong></td>
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<td><strong>Department</strong></td>
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<tr>
<td><strong>Business Purpose of Travel</strong> (Include Origin and Destination of Travel)**</td>
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<td><strong>Name (Please Print)</strong></td>
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<td><strong>Date of Leave of Travel</strong></td>
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<td><strong>Date of Return</strong></td>
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<tr>
<td><strong>Business Purpose of Entertainment (Include Name(s) of Guest(s) and Location)</strong></td>
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<td><strong>Expense Description</strong></td>
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<td><strong>Review</strong></td>
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<td><strong>Supervisor</strong></td>
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<td><strong>Balance Due (Attach Check)</strong></td>
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<td><strong>Travel Advance</strong></td>
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<td><strong>Date</strong></td>
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*Must be submitted to A/P within 30 days of travel and for all expenses of $150 or more.*

*Please note: Receipts are required for all lodging expenses (per diem or amount)*.
Cash Advance Request Form

NAME________________________ DEPARTMENT________________________

PHONE________________________ DATE________________________

BUSINESS PURPOSE________________________________________________

DATES OF TRAVEL____________ AMOUNT OF ADVANCE____________

DEPARTMENT ACCOUNT NUMBER: ________________________________

FUND CENTER OBJECT PROJECT

IF OVER $250, PLEASE ATTACH A BUDGET OF ANTICIPATED CASH EXPENDITURES

SIGNATURE AND APPROVAL:

Requestor________________________ Supervisor Approval________________________

***THIS TRAVEL ADVANCE MUST BE SETTLED WITH ACCOUNTS PAYABLE WITHIN 30 DAYS AFTER THE TRIP IS COMPLETED. Failure to do so will result in the advance being added to the employee’s IRS Form W-2 and will be considered taxable wages.***
Accounts Payable
DIRECT DEPOSIT AUTHORIZATION

I, ____________________________ HEREBY AUTHORIZE MY PAYMENT(S)
(Please print full name)

FROM COLBY COLLEGE BE DEPOSITED AS follows:

ACCOUNT INFORMATION

Bank/Financial Institution Name __________________________

ABA/Routing Number (9 digits) __________________________

Account Number __________________________

Type of Account: Savings ______ Checking _____

Please provide the bank address and phone number:

____________________________________________________

**Email address for payment notification: ____________________

____________________________________________________

I hereby authorize Colby College to deposit payments by electronic funds transfer into the account specified above and, if necessary, make adjustments for any amounts deposited in error. I recognize that if I fail to provide complete and accurate information the processing of this form, and any payments may be delayed or erroneously transferred. This authorization will remain in effect until written notice to terminate is submitted by the signer or the financial institution.

DATE: ___________ SIGNATURE ______________________________
COLBY COLLEGE
WATERVILLE, MAINE
INDEPENDENT CONTRACTOR MEMORANDUM AGREEMENT

This agreement between the President and Trustees of Colby College (the “College”) and (the “Contractor”), defines the terms under which the Contractor will provide services as an independent contractor to the College. The Contractor agrees to furnish services to the College as follows:

Date(s): ___________________________ Location: _______________________________________

Description of service: _________________________________________________________________

Fee for services and other costs billable to the College: _______________________________________

Other conditions: _______________________________________________________________________

This agreement has been requested by: ____________________________________________________

<table>
<thead>
<tr>
<th>Department Name</th>
<th>Authorized Signature</th>
<th>Account Number</th>
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<tbody>
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<td>___________________________</td>
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</table>

Disbursement Instructions: Date check needed __________ Campus Mail or Postal Mail __________

It is understood and agreed that:

a) The Contractor is a United States citizen or a United States resident for federal tax purposes. If not, please place an "X" here ______ and state your country of residence ___________________________.

b) The Contractor in executing this agreement and in providing services under this agreement is an independent contractor. The Contractor and the employees of the Contractor will not be considered employees of the College for any purpose or in any respect.

c) The Contractor, if self-employed, will pay self-employment taxes with respect to all amounts paid by the College to the Contractor hereunder.

d) The Contractor will bear sole responsibility for all employees of the Contractor, including, without limitation, sole responsibility for their workers' compensation, unemployment compensation, and all applicable taxes and benefits, will indemnify and hold the College harmless with respect thereto.

e) The College assumes no responsibility for any withholding taxes, FICA (Social Security and Medicare) contributions, workers' compensation, unemployment compensation, or any other taxes, payments, benefits or contributions.

f) The College will determine the manner and means of providing services hereunder, and will perform those services to the satisfaction of the College. The Contractor will not assign this agreement to any person or legal entity.

g) The Contractor at its sole expense will furnish all materials, equipment, tools, and other items necessary in connection with services provided hereunder.

h) This agreement will be governed by the laws of the State of Maine and will be binding upon and inure to the benefit of the parties, their legal representatives, successors, and assigns.

i) Colby College is a carbon-neutral campus. The Contractor agrees to review the College’s ongoing energy and resource reduction priorities and to strive to implement efforts to further those priorities. Please visit: http://www.colby.edu/environment/buildings/operations/ for more information.

j) This Agreement is terminable by either party at any time, with or without cause, effective upon notice to the other party. If the College exercises its right to terminate the Agreement, any obligation it may otherwise have under this Agreement shall cease immediately, except that it shall be obligated to compensate Contractor for work performed up to the time of termination. If Contractor exercises its right to terminate the Agreement, any obligation it may otherwise have under this Agreement shall cease immediately.

In witness whereof, each of the parties has caused this agreement to be executed by an individual authorized to enter into contracts on its behalf.

Dated: ___________________________ Dated: ___________________________

Contractor
By: ___________________________ College

Title: ___________________________ By: ___________________________

Ruben L. Rivera ($4999 or less)
Title: Controller

Substitute W-9 (to be completed by Contractor)

Check appropriate line for federal tax Exemptions
Name: ___________________________ Individual/Sole Proprietor Exempt Payee Code (if any)

<table>
<thead>
<tr>
<th>Corporation</th>
<th>S Corporation</th>
<th>Partnership</th>
<th>Trust/Estate</th>
<th>Limited Liability Company</th>
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<td></td>
<td>Exemption from FATCA reporting code</td>
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</tbody>
</table>

Part I Taxpayer Identification No.: Social Security No. ___________________________ or Employer Identification No. ___________________________

Part II Certification- Under penalties of perjury, I certify that:

1) The number shown on this form is my correct taxpayer identification number (or I am a nonresident alien and not subject to federal income tax).

2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and

3) I am a U.S. citizen or other U.S. person. (An individual who is a U.S. citizen or U.S. resident alien). I am not subject to backup withholding because:

4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions- You must cross out item 2 above if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature: ___________________________ Date: ___________________________

Part III Certification- Under penalties of perjury, I certify that:

1) The number shown on this form is my correct taxpayer identification number (or I am a nonresident alien and not subject to federal income tax).

2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and

3) I am a U.S. citizen or other U.S. person. (An individual who is a U.S. citizen or U.S. resident alien). I am not subject to backup withholding because:

4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions- You must cross out item 2 above if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature: ___________________________ Date: ___________________________
COLBY COLLEGE  
WATERVILLE, MAINE  
INDEPENDENT CONTRACTOR MEMORANDUM AGREEMENT

This agreement between the President and Trustees of Colby College (the “College”) and __________ (the “Contractor”), defines the terms under which the Contractor will provide services as an independent contractor to the College. The Contractor agrees to furnish services to the College as follows:

Date(s): ___________________________  Location: ___________________________

Description of service: _______________________________________________________

Fee for services and other costs billable to the College: ___________________________

Other conditions: ____________________________________________________________

This agreement has been requested by: _______________________________________

Department Name: ___________________________  Authorized Signature: __________  Account Number: __________

Disbursement Instructions: Date check needed ___________________________  Campus Mail _______ or Postal Mail ________

It is understood and agreed that:

a) The Contractor is a United States citizen or a United States resident for federal tax purposes. If not, please place an "X" here _______ and state your country of residence ___________________________

b) The Contractor in executing this agreement and in providing services under this agreement is an independent contractor. The Contractor and the employees of the Contractor will not be considered employees of the College for any purpose or in any respect.

c) The Contractor, if self-employed, will pay self-employment taxes with respect to all amounts paid by the College to the Contractor hereunder.

d) The Contractor will bear sole responsibility for all employees of the Contractor, including, without limitation, sole responsibility for their workers’ compensation, unemployment compensation, and all applicable taxes and benefits, and will indemnify and hold the College harmless with respect thereto.

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j) This Agreement is terminable by either party at any time, with or without cause, effective upon notice to the other party. If the College exercises its right to terminate the Agreement, any obligation it may otherwise have under this Agreement shall cease immediately, except that it shall be obligated to compensate Contractor for work performed up to the time of termination. If Contractor exercises its right to terminate the Agreement, any obligation it may otherwise have under this Agreement shall cease immediately.

In witness whereof, each of the parties has caused this agreement to be executed by an individual authorized to enter into contracts on its behalf.

Dated: ___________________________  Dated: ___________________________

Contractor  
By: ___________________________  Will Sue ($5000 and up)  
Title: ___________________________  Title: Director of Risk Management

Substitute W-9 (to be completed by Contractor)  
Name: ___________________________  Address: ___________________________

Check appropriate line for federal tax Exemptions  
Exempt Payee Code (if any)  
Individual/Sole Proprietor  
C Corporation  
S Corporation  
Exemption from FATCA reporting code  
Partnership  
Trust/Estate  
Limited Liability Company  
(C Corporation, S=Non Partnership, P=Partnership)

Part I  Taxpayer Identification No.: Social Security No. ___________________________ or Employer Identification No. ___________________________

Part II  Certification- Under penalties of perjury, I certify that:

1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and

2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and

3) I am a U.S. citizen or other U.S. person. (An individual who is a U.S. citizen or U.S. resident alien).

4) The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification Instructions- You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature: ___________________________  Date: ___________________________
Colby College Travel Reimbursement and Other Expense Policies

Colby

EMPLOYEE GIFT CARD FORM

On occasion, departments may issue gift cards to employees in recognition of special events. The value of any gift an employee receives above $25 must be reported on an employee's W-2. The following information will need to be completed in full and approved before a gift card can be issued. The completed form must accompany any request for reimbursement to Accounts Payable and be submitted to Payroll (if gift is >$25).

EMPLOYEE INFORMATION

Name: _______________________________ Department: _______________________________

Position: _______________________________ Phone: _______________________________

Initiated by: ___________________________ Phone: _______________________________

Award Amount: _________________________ Date of Payment: _______________________

Type of Award: _________________________

Reason: __________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

Departmental Authorization

Director: _____________________________ Date: _____________________________

VP Authorization: _____________________ Date: _____________________________
SPouse Travel/Expense Reimbursement Request

Employee

Spouse

Business Purpose for the Trip


Travel/Expense Description (attach receipts)

Travel expense

Meals

Other expense

Total

$

Account:


Review/Approval

Vice President for Administration

Date

Vice President and Secretary of the Corporation

Date

Notifications:

Board Chair

Officer (Initial)

Date

Controller

Officer

Date

All officer spouse travel must be approved in advance and reported to Board Chair and Controller.

* Approval confirmed by

01/17/14
Reimbursed Moving Expenses

In order for reimbursed expenses to be considered qualified (non-taxable) they must meet all three of the following tests:

Closely Related to the Start of Work
Moving expenses must be incurred within one year of the employee starting work for the College.

Distance Test
The distance test is based on location of the employee's former home, the location of his old place of work, and the location of his new place of work. It has nothing to do with the location of his new home. The employee's new place of work must be at least 50 miles further from his old residence than his old place of work was from his old residence. For instance, suppose that the employee used to travel 18 miles from his old home to his old place of work. His new place of work must be located at least 68 miles (18+50) from his old residence.

Time Test
To meet the time test an employee must generally work full-time at least 39 weeks during the first 12 months after arriving in the general location of their new job.

Reimbursed Moving Expenses Questionnaire

Related to the start of work:
1) Were the reimbursed moving expenses incurred within one year of your start of work at Colby College?

Yes _____  No _____

Distance:
1) How many miles was your former employer from your former residence?

____________________

2) How many miles is it from your former residence to Colby College?

____________________

Time:
1) Is your position at Colby College expected to be full time for at least 39 weeks during the first year?

Yes _____  No _____
CHARTERED FLIGHT REQUEST

Itinerary
From/Date                                           To/Date

Names of all Passengers (no more than 15)


Business Purpose for the Trip


Provider
Name
Address
Telephone

Cost

Account

Review/Approval

Director of Risk Management
Date

Officer
Date

Notifications:

Insurance Carrier

Risk Mgmt Coordinator (Initial)
Date

Board Chair
Officer
(Initial)
Date

All charters must be reported to the Director of Risk Management in advance of departure to permit compliance with reporting requirements of the College’s insurance policy.