**INDEPENDENT CONTRACTOR INVOICE / PAY SHEET**

SHOW/EVENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHAPTER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ EVENT DATE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EVENT/SHOW MANAGER’S NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAX/OTHER PHONE #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_EMAIL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INDIVIDUAL NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS NAME (DOING BUSINESS AS): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHECK PAYABLE TO (IF DIFFERENT): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY/STATE/ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SSN / EIN #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TELEPHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **JOB (CHECK ONE):** | ( ) JUDGE | ( ) TD | ( )FARRIER |
| ( ) SCORER | ( ) VET | ( ) RING STEWARD | ( ) ANNOUNCER |
| ( ) SHOW MANAGER | ( ) CLINICIAN | ( ) MODERATOR | ( ) OFFICE |
| ( ) ENTRY/EXBHIBITOR MANAGER | | ( ) OTHER/EXPLAIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

DISCLAIMER: I AM NOT RECEIVING COMPENSATION OF ANY KIND FOR UNEMPLOYMENT, DISABILITY OR WORKMAN’S COMPENSATION.

INITIALS OF CONTRACTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DAY FEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL OFFICIAL FEES = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EXPENSES: PER DIEM $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PER DAY (WHEN MEAL NOT PROVIDED) $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

TRAVEL $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL EXPENSES = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL COMBINED FEES & EXPENSES = \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I HEREBY ACKNOWLEDGE AND AGREE THAT I AM RETAINED BY CALIFORNIA DRESSAGE SOCIETY (CDS) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHAPTER AS AN INDEPENDENT CONTRACTOR AND NOT AS AN EMPLOYEE OF CDS OR SAID CHAPTER. I SHALL BE RESPONSIBLE FOR ALL WITH-HOLDING OR INCOME TAXES OWED BY REASON OF THE AMOUNTS I RECEIVE HEREUNDER. I ALSO ACKNOWLEDGE THAT BECAUSE I AM RETAINED AS AN INDEPENDENT CONTRACTOR, CDS AND/OR SAID CHAPTER DO NOT PROVIDE WORKMEN’S COMPENSATION OR OTHERWISE, FOR RECOVERY AND HEREBY RELEASE, CDS AND \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CHAPTER FROM RESPONSIBILITY OR LIABILITY WITH RESPECT THERETO.

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_