A Bill

This is a bill to allocate $996.14 from the Senate Operating Account to assist The Rho-Theta Chapter of the Kappa Sigma Fraternity in the second annual American Warrior Week which will be hosted between 12:00pm to 2:00pm on November 10th – 14th, 2014 in the Quad.

Whereas, the Rho-Theta Chapter of the Kappa Sigma Fraternity are registered with the Office of Student Involvement and Leadership; {for organizations only}

Whereas, the second annual American Warrior Week is necessary to the UNO community because it raises money and awareness to the Fisher House Foundation which organizes the Military Heroes Campaign, a 501(c)(3) non-profit organization that provides a network of comfort homes on grounds of military and VA major medical centers. The event also give student the opportunity for students to give their thanks and show their appreciation to all the men and women who serve and protect our country, many of whom are current UNO students.

Whereas, the American Warrior Week will be open to all student and faculty of UNO;

Whereas, last year’s American Warrior Week raised over $2300 in donations, with a student participation of over 500 and, with the continued help from Student Government, we are looking to exceed that goal.

Whereas, UNO students and faculty are invited to attend. {for events only}

BE IT ENACTED BY THE UNIVERSITY OF NEW ORLEANS STUDENT GOVERNMENT THAT:

I. THE AMOUNT OF $996.14 BE ALLOCATED FROM THE Senate Operating Account TO Rho-Theta Chapter of the Kappa Sigma Fraternity FOR the second annual American Warrior Week.

II. ALL UNUSED FUNDS SHALL REVERT BACK TO THE STUDENT GOVERNMENT AT THE END OF THE CURRENT FISCAL YEAR.

III. SEE ATTACHED BUDGET.

IV. Rho-Theta Chapter of the Kappa Sigma Fraternity SHALL REPORT BACK TO THE STUDENT GOVERNMENT WITHIN 30 DAYS UPON COMPLETION OF THE EVENT.
Senate Action: Pass

PRESIDING OFFICER'S SIGNATURE

Vote: 19 yrs 0 nd 1 in

11/05/14

DATE

SG President's Action: Pass

SG PRESIDENT'S SIGNATURE

11/05/14

DATE

Senate Action on Veto: 

VETO OVERRIDE

Vote:

PRESIDING OFFICER'S SIGNATURE

DATE
<table>
<thead>
<tr>
<th>Purchase</th>
<th>Company</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Laser Tag Field w/ bunkers</td>
<td>Games2U NOLA</td>
<td>$500.00</td>
</tr>
<tr>
<td>Mobile Mountain</td>
<td>The Mobile Mountain LLC</td>
<td>$351.25</td>
</tr>
<tr>
<td>(300) Wristbands</td>
<td>Wrist-Band.com</td>
<td>$144.89</td>
</tr>
</tbody>
</table>
Games2U NOLA

6804 Phillip Street
Metairie, LA 70003
Phone 504-304-6559
G2UCynthia@gmail.com

TO: Austin Bergeron  
    Kappa Sigma - Rush Chairman

Games2U NOLA proposes to provide the following equipment along with the personnel needed to set up, run, interact with, and coach each activity for **Kappa Sigma**:

1 Laser Tag Field set up with bunkers - 20 participants at a time

This equipment will be set up to accommodate your participants for a 3 hour period of time on Friday, November 14, 2014 time to be determined.

Games2U NOLA will provide the previously mentioned activities and staff for a total of $500.00!

Games2U NOLA will handle all set-up and break-down of all activities.

Games2U NOLA requires a 50% deposit upon agreement of this proposal with the remaining balance to be paid the day of the event.

Thank you for choosing Games2U NOLA! We are very excited about working with **Kappa Sigma** for this exciting event and events in the future. ☺

Games2U NOLA
Cynthia S. O'Brien, Owner/Operator

Austin Bergeron  
Kappa Sigma - Rush Chair
W-9

Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return)

LMNORIGE VENTURES LLC

Business name, if different from above

Gomes DA NOLA

Gomez 611 NOLA

Place of business (street address)

City, state, and ZIP code

Medicaid, LA 7004

List account number(s) here (optional)

Social security number

Employee identification number

Part I - Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, see your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II - Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number for all returns for the account for which I am filing 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, U.S. resident, or other U.S. person (as defined below).

Certification Instructions: You must check item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply.

Signature of U.S. person or tax return preparer

Date: 5-19-14

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

a. An individual who is a U.S. citizen or U.S. resident alien,

b. A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,

c. An estate (other than a foreign estate), or

d. A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-4 has not been received, a partnership is required to presume the partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, you must provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoids withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

a. The U.S. owner of a disregarded entity and not the entity,
The Mobile Mountain, L.L.C.
1004 Woodview Dr
Slidell, LA 70461
(985) 646-1411

<table>
<thead>
<tr>
<th>Name / Address</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daniel Altenzer</td>
</tr>
<tr>
<td>UNO</td>
</tr>
<tr>
<td>2000 Lakeshore Dr</td>
</tr>
<tr>
<td>New Orleans, LA 70148</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Description</th>
<th>Qty</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Event Nov. 10, 2014 : 12:00pm - 2:00pm</td>
<td></td>
<td>300.00</td>
</tr>
<tr>
<td>Sales Tax 8.75%</td>
<td></td>
<td>26.25</td>
</tr>
<tr>
<td>Delivery Charge</td>
<td></td>
<td>25.00</td>
</tr>
</tbody>
</table>

Thank you for your business. Please make payment to THE MOBILE MOUNTAIN.

<table>
<thead>
<tr>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>$351.25</td>
</tr>
</tbody>
</table>
Form W-9

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

**Part I**

**Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your Social Security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see how to get a TIN on page 3.

Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

<table>
<thead>
<tr>
<th>Social security number</th>
</tr>
</thead>
<tbody>
<tr>
<td>123-45-6789</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer identification number</th>
</tr>
</thead>
<tbody>
<tr>
<td>20-56-40-20-06</td>
</tr>
</tbody>
</table>

**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 (defined below).

Certification instructions. You must check item 3 above if you have been notified by the IRS that you are subject to backup withholding because you have failed to report all interest or dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**

Signature of U.S. person

Ch. Pahl

**Date**

11/30/83

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to assume that a partner is a foreign person and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.
The Rho-Theta Chapter of the Kappa Sigma Fraternity – WARRIOR WEEK ROCK WALL

Waiver: In consideration of being permitted to participate any way in the WARRIOR WEEK ROCK WALL hereinafter called “The Activity”, I, for myself, my heirs, personal representative or assigns, do hereby release, waive, discharge, and convenant not to sue the University of New Orleans, its officers, employees, and agents from liability from any and all claims including the negligence of The University of New Orleans, its officers, employees and agents, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, participation in The Activity.

Assumption of Risks: Participation in The Activity carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid injuries. The specific risks vary from one activity to another, but the risks range from 1) minor injuries such as scratches, bruises, and sprains 2) major injuries such as eye injury or loss of sight, joint or back injuries, heart attacks, and concussions 3) catastrophic injuries including paralysis and death.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in The Activity. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree INDEMNIFY AND HOLD the University of New Orleans HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney’s fees brought as a result of my involvement in The Activity and to reimburse them for any such expenses incurred.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Louisiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

*Adapted from the UC Santa Barbara Elective/Voluntary Activities Waiver."
University of New Orleans

Waiver of Liability, Assumption of Risk & Indemnity Agreement
Elective/Voluntary Activities Waiver

The Rho-Theta Chapter of the Kappa Sigma Fraternity – WARRIOR WEEK ROCK WALL

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

<table>
<thead>
<tr>
<th>Name (Please Print)</th>
<th>Signature</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
My Cart – Rubber Wristband - Silicone Bracelets - Wrist-band.com

OUR PROMISE: Order Delivered On Time Or it’s Free. Lowest Price Ever!

Support Ticket | Contact Us | My Account | My Cart

CALL: 1-877-536-8500
24 hours Local 281-286-9900
Currently In Wait Time

Home | Prices | Colors | Order Now | Wristbands | Picture Gallery

My Cart

100 FREE wristbands will be added to your order after the order has been placed.

Product name
Printed Wristband
Segmented (200)
Size - 1/2 Inch
Adult (200)
Band Color
Red White Blue (200 Adult)
Font
Freedomfighter
Font Color
(Black) (200 Adult)
Front Message
support your heroes.
Back Message
kappa sigma
Internal Message
AMERICAN WARRIOR WEEK
Clipart/Logo
Front Start Logo: No Logo
Front End Logo: No Logo
Back Start Logo: No Logo
Back End Logo: No Logo
Keychain
No
Individually Wrapped
No
Production Time
3 Days (Free)
Shipping Time
7 Days ($18.69)
Digital Proof
No
Delivery Date
November 06, 2014

<table>
<thead>
<tr>
<th>Qty</th>
<th>Sub Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>200</td>
<td>$144.80</td>
</tr>
</tbody>
</table>

Discount Code
Enter your coupon code if you have one

Continue Shopping

Continue As Order

- OR -

- OR -

Email this Quote
Form W-9
Request for Taxpayer Identification Number and Certification

Name (as shown on your income tax return)
ZAAPPAZ LLC.

Business name disregarded entity name, if different from above
WRIST-BAND.COM/WB PROMOTION

Check appropriate box for federal tax classification:
- Individual/sole proprietor
- C Corporation
- S Corporation
- Partnership
- Trust/estate
- Other (see instructions) [ ]

Address (number, street, and zip or suite no.)
1002 GEMINI STREET, SUITE 105
City, state, and ZIP code
HOUSTON, TX 77008

Social security number

Employer Identification number

Note: If the account is in a name other than one name, see the chart on page 4 for guidelines on whose number to enter.

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 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 (defined below).

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. For real estate transactions, Item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here
Signature of U.S. person

Date

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, for:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee.

If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are a considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 501.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

Generated by CamScanner from intsig.com