PAYROLL PAYMENT REQUEST

Page _____ of _____

DEPARTMENT: **PAY DATE:**

REASON FOR PAYMENT :

STIPEND ☐
OVERLOAD ☐
OTHER _____

EMPLOYEES NAME	AMT	# of Pays	Course	# Hours	Full Acct Number

* Requests over $1,000.00 require a V.P. or Provost signature

TOTAL

ACCOUNT NUMBER

REQUESTED BY **DATE**

APPROVED BY **DATE**