

# STUDENT PAYROLL PAYMENT REQUEST

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DEPARTMENT: \_\_\_\_\_ PAY DATE: \_\_\_\_\_

REASON FOR PAYMENT : \_\_\_\_\_  
 STIPEND \_\_\_\_\_  
 OVERLOAD \_\_\_\_\_  
 OTHER \_\_\_\_\_

EMPLOYEES NAME	I.D. #	Explanation	Amount	# Hours

TOTAL \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

REQUESTED BY \_\_\_\_\_ DATE \_\_\_\_\_

APPROVED BY \_\_\_\_\_ DATE \_\_\_\_\_

\* Requests over \$1,000 must be approved by a V.P. or The Provost