



REQUEST FOR SPECIAL CONSULTANT PAYMENT

CLASS 4660

PART 1 - GENERAL INFORMATION

Consultant:		
Address:		EMPLID:
Work Phone:	Home Phone:	Cell Phone:
Department:		Contact Name/Ext:

PART II - ACCOUNT NUMBER

FUNDING SOURCE	DEPT ID	FUND	ACCOUNT	PROGRAM (If Required)	PROJECT (If Required)
			601302		

PART III - SERVICES PROVIDED

Description of Services:	Enter One Month Only Per Form	
	Month:	Year:

PART IV - SELECT ALL DATES WORKED:

For pay period information visit [College Calendar](#)

30		8		17		26	
31		9		18		27	
1		10		19		28	
2		11		20		29	
3		12		21		30	
4		13		22		31	
5		14		23		1	
6		15		24			
7		16		25			

Daily Rate		Number of Days Paid		Total Pay Due	
X		=			

PART V - AUTHORIZED SIGNATURES

I verify that I have performed the services as outline above and have completed all necessary employment forms.

Consultant Signature: _____ **Date:** _____

I certify that the above individual has completed the service in a satisfactory manner, as outlined above.

Department Authorized Signature: _____ **Date:** _____

PART VI - DISTRIBUTION OF CHECK:

Hold in Cashiers (MSR100) Self-addressed/stamped mailing envelope attached.

If requesting check to be mailed to your home address or P.O. Box, attach a self-addressed/stamped envelope to this form. Otherwise checks will be available for pick-up at Cashiers. For security purposes, paychecks will not be mailed to campus departments.