



# REQUEST FOR SPECIAL CONSULTANT PAYMENT

CLASS 4660

PART 1 - GENERAL INFORMATION		
Consultant:	SSN:	
Address:	EMPLID:	
Work Phone:	Home Phone:	Cell Phone:
Department:	Contact Name/Ext:	

PART II - ACCOUNT NUMBER					
FUNDING SOURCE	DEPT ID	FUND	ACCOUNT	PROGRAM	CLASS
			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 <a href="#">College Calendar</a>							
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			

<b>Daily Rate</b>		<b>Number of Days Paid</b>		<b>Total Pay Due</b>
[ ]	X	[ ]	=	[ ]

PART V - AUTHORIZED SIGNATURES	
<i>I verify that I have performed the services as outline above and have completed all necessary employment forms.</i>	
<b>Consultant Signature:</b>	<b>Date:</b>
<i>I certify that the above individual has completed the service in a satisfactory manner, as outlined above.</i>	
<b>Department Authorized Signature:</b>	<b>Date:</b>

PART VI - DISTRIBUTION OF CHECK:	
<input type="checkbox"/> Hold in Cashiers (MSR100)	<input type="checkbox"/> 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.	