



# SPECIAL CONSULTANT PAYMENT REQUEST

FA/HR USE ONLY  
SC#

## PART I – GENERAL INFORMATION

Consultant Name:	EMPL ID:
Address:	Dept/Ext:
Email:	Phone:
	Contact Name/Ext:

## PART II – ACCOUNT NUMBER & DESCRIPTION OF SERVICES

FUNDING	ACCOUNT	FUND	DEPT ID	PROGRAM (If required)	PROJECT (If required)

Description of Services - include attachment if content exceeds space provided

## PART III – SELECT ALL DATES WORKED:

Enter One Month Only per form			Month:	Year:
1	9	17	25	
2	10	18	26	
3	11	19	27	
4	12	20	28	
5	13	21	29	
6	14	22	30	
7	15	23	31	
8	16	24		
Daily Rate		Number of Days Paid		Total Pay Due

## PART IV – DISTRIBUTION OF CHECK

<input type="checkbox"/> Hold Check Cashiers at MSR100 (Not applicable for those on Direct Deposit)	<input type="checkbox"/> Mailed (Must attached self-addressed/stamped mailing enveloped)	<input type="checkbox"/> Direct Deposit (Must have filled out the <a href="#">Enrollment Authorization form</a> & submit to Payroll at MSR320)
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For security purposes, paychecks will not be sent to campus departments.

## PART V – AUTHORIZED SIGNATURES

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

Department Authorized:	Signature:	Date:
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I verify that I have performed the services as outline above and have completed all necessary employment forms.

Consultant Signature:	Date:
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