



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 Enrollment Authorization form & 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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