

# SALISBURY UNIVERSITY

## PAYMENT REQUEST

### HONORARIA, STIPENDS, CONSULTANTS OR PERFORMANCES

**Note: If Vendor is a current SU Faculty, Staff or Student Employee, DO NOT USE THIS FORM.**

**Contact Human Resources to complete an employment contract unless otherwise approved.**

- ☐ HONORARIA (SC0036 - 0201; Lecturer/Speaker/Presenter/Performing Artists/Musicians)
- ☐ PARTICIPANT STIPEND/REGISTRATIONS (SC0133 – 0899; Workshops, Training)
- ☐ EDUCATION/TRAINING CONTRACT (SC0228 – 0819; Program/Grant evaluator)
- ☐ OTHER SERVICES/CONSULTANT (SC0130 – 0899; Consultant, Photographer, etc.)

Vendor Name:

Vendor Address, line 1:

Vendor Address, line 2:

Vendor City, State, Zip Code, line 3:

Vendor Email Address:

Vendor Phone Number:

SS Number or FEIN:

Employee/Student ID#

VENDOR SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

Please provide detailed scope/description of the service performed (please do not exceed 7 lines):


Date(s) of Service (be specific): \_\_\_\_\_ Fee to be Paid: \_\_\_\_\_

Are Travel Expenses to be Reimbursed?: ☐ Yes ☐ No

USource Code(s) to be charged: \_\_\_\_\_ Spend Category (from above) to be charged: \_\_\_\_\_

Budget Administrator/PI **Printed Name & Signature** \_\_\_\_\_ Date: \_\_\_\_\_

Budget Administrator/PI **Printed Name & Signature** \_\_\_\_\_ Date: \_\_\_\_\_

Additional/Optional Approvals Dept. Chair/Dean/Director/Fiscal Grants Manager:

**Printed Name & Signature** \_\_\_\_\_ Date: \_\_\_\_\_