

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 (SC0858 - 0899; Lecturer/Speaker/Presenter
- Performing Artists/Musicians (SC0134 - 0899)
- 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: _____