SALISBURY UNIVERSITY

PAYMENT REQUEST

HONORARIA, STIPENDS, EVALUATORS, 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.

- ☐ Lecturer/Speaker/Presenter (SC0136 - 0899)
- ☐ Performing Artists/Musicians (SC0134 - 0899)
- ☐ Participant Stipend (SC0133 – 0899; Workshop, Training)
- ☐ Education/Training Contract (SC0228 – 0819; Program/Grant evaluator)
- ☐ Other Services/Consultant (SC0130 – 0899; Consultant, Photographer, etc.)
- ☐ Other Stipend (SC0130 - 0899)
- ☐ Student Award* (SC0052 - 0221)

Attach backup documentation outlining selection process.

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 or description of the service performed or award (please do not exceed 7 lines):

Date(s) of Service (be specific): _____ Payment Amount: _____

☐ Single Payment ☐ Multiple Payments**

Are Travel Expenses to be Reimbursed?: ☐ Yes ☐ No ☐ N/A

****Provide payment schedule.**

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

USource Manager/PI ***Printed Name & Signature*** _____Date:_____

USource Manager/PI ***Printed Name & Signature***_____Date:_____

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

Printed Name & Signature _____ Date:_____