

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.

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|---|---|
| ☐ 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: _____

Are Travel Expenses to be Reimbursed?: ☐ Yes ☐ No ☐ N/A ☐ Single Payment ☐ Multiple Payments**

****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: _____