

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.)

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: _____