

SALISBURY UNIVERSITY

PAYMENT REQUEST

HONORARIA, STIPENDS, CONSULTANTS OR PERFORMANCES (\$5000 OR LESS):

Note: If Vendor is a current SU Faculty, Staff or Student Employee, please do not use this form. You must use a Human Resources employment contract form unless approved otherwise.

- ☐ HONORARIUM (Acct-020101; Lecturer/Speaker/Presenter)
- ☐ PARTICIPANT STIPEND/REGISTRATION (Acct-089980; Workshops, Training)
- ☐ EDUCATION/TRAINING CONTRACT (Acct-081900; Program/Grant evaluator)
- ☐ OTHER SERVICES/CONSULTANT (Acct-089965; Performer, Consultant, Photographer, etc.)

Vendor Name:

Vendor Address, line 1:

Vendor Address, line 2:

City, State and Zip code

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

Department/Project(s)(6-digit code) to be charged:

Account (6-digit code from above) to be charged:

Budget Administrator/PI Signature _____ Date: _____

Budget Administrator/PI Signature _____ Date: _____

Additional/Optional Approvals:

Dept. Chair/Dean/Director Signature _____ Date: _____

Required for Projects

Fiscal Grants Management Signature _____ Date: _____

**Please Return Completed Form to: SALISBURY UNIVERSITY, ACCOUNTS PAYABLE, HH-218,
PO BOX 2195, SALISBURY, MD 21802-2195**