

REQUEST FOR PAYMENT

☐ **Extra Services** ☐ **Non-Credit Presenter**

MUST BE SUBMITTED BEFORE PAYMENT

Date: _____

NSU Contract #: _____
(Not Banner)

PAYMENT TO: Employee: _____
(Print or Type Name)
CWID #: _____

Payment for service requested in this contract will be in the next regularly scheduled payroll for this class of employee.

CHARGE: Budget Unit Title: _____
Banner Index No.: _____
Payment Amount: \$ _____

The payment amount requested is verified as follows and is in compliance with the terms and conditions of the Grant/Event and is specified by the contract.

I certify that the services described and payment requested for the performance of the contract identified above have been completed, and/or received in accordance with the contract and all University policies and this requested payment:

☐ Completes the Contract

☐ Is a partial payment as specified in the contract for dates of

_____ to _____ service.

(date)

(date)

Employee's Signature

Date

Approval/Routing

Budget Unit Head/Project Director

Date