

# SALISBURY UNIVERSITY

## PAYMENT REQUEST

### HONORARIA, STIPENDS, 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.**

- HONORARIA (SC0036 - 0201; Lecturer/Speaker/Presenter)
- PARTICIPANT STIPEND/REGISTRATIONS (SC0133 – 0899; Workshops, Training)
- EDUCATION/TRAINING CONTRACT (SC0228 – 0819; Program/Grant evaluator)
- OTHER SERVICES/CONSULTANT (SC0130 – 0899; Performer, 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:	
<b>Printed Name &amp; Signature</b> _____	Date: _____