PAYMENT REQUEST FORM

EMPLOYEE INFORMATION

FIRST NAME:		LAST NAME:	
BATES ID NUMBER:		DEPARTMENT NAME:	

PAYMENT INFORMATION

JUSTIFICATION/DESCRIPTION:

BUDGET INFORMATION

FUND	ORGANIZATION	ACCOUNT	ACTIVITY (IF APPLICABLE)	LOCATION (IF APPLICABLE)	AMOUNT

PAYROLL DETAILS

PLEASE INDICATE THE TIME PERIOD IN WHICH THIS WORK WAS PERFORMED. WE WILL NOT ISSUE PAYMENTS FOR WORK UNTIL IT HAS BEEN PERFORMED. PAYMENTS WILL BE INCLUDED WITH THE NEXT REGULAR, SCHEDULED PAYROLL.

BEGIN DATE: END DATE:

HR USE ONLY

SUPPLEMENTAL COMPENSATION
☐ Yes   ☐ No
PENSION ELIGIBLE
☐ Yes   ☐ No   ☐ EE Not PE

☐ STP999 MONTHLY
☐ STP997 BI WEEKLY
☐ Other:

Job begin date: Job end date:

HR Comments:

SIGNATURES

Requestor Signature:		
Approver/HR Data Entry:		
Payroll Data Entry/Review:		
Audit Signature:		