



REQUEST FOR PAYMENT OF ADDITIONAL ASSIGNMENT

DIVISION / DEPARTMENT: _____ **REQUEST DATE:** _____

PAYABLE TO: _____ **PHONE:** _____

ADDRESS: _____
STREET CITY STATE ZIP

FOR THE PERIOD: thru

DESCRIPTION	QUANTITY / HOURS	RATE	TOTAL

ACCOUNT CODE:	%	FUND	SCHOOL	RESOURCE	PY	GOAL	FUNCTION	OBJECT
%								
%								

Approval below indicates that information has been reviewed and is correct as presented:

CONTRACT STAFF: _____ (Print Name) _____ (Signature)

DIRECTOR / OTHER: _____ (Print Name) _____ (Signature)

DEAN: _____ (Print Name) _____ (Signature)

VICE PRESIDENT: _____ (Print Name) _____ (Signature)

PAYROLL USE ONLY:

GALAXY ID: _____

Date Received:

FL:	RATE:	
ADJ CODE	HOURS	AMOUNT