

REQUEST FOR SPECIAL CONSULTANT PAYMENT

| PART 1 - GENERAL INFORMATION | | | | | | | | | | | | |
|---|---|---------|------------|---|-----------|--|-------------------|---|----------|---------|---|--|
| Consultant: | | | | | | | SSN: | | | | | |
| Address: | | | | | | | EMPLID: | | | | | |
| Work Phone: Home Phone: | | | | | | | Cell Phone: | | | | | |
| Department: | | | | | | | Contact Name/Ext: | | | | | |
| PART II - ACCOUNT NUMBER | | | | | | | | | | | | |
| FUNDING SOUR | | | ACCOUNT PR | | ROGRAM | | CLASS | | | | | |
| TONDING SOURCE DEFT | | DEPT II | | | 601302 | | TOOTAN | | CLAGO | | | |
| | | | | | | | | | | | | |
| PART III - SERVICES PROVIDED | | | | | | | | | | | | |
| Description of Services: | | | | | | | | Enter One Month Only Per Form Month: Year: | | | | |
| PART IV - SELECT ALL DATES WORKED: | | | | | | | | | | | | |
| For pay period information visit College Calendar | | | | | | | | | | | | |
| 30 | | | 8 | | | | 17 | | | 26 | | |
| 31 | | | 9 | | | | 18 | | | 27 | | |
| 1 | | | 10 | | | | 19 | | | 28 | | |
| 2 | | | 11 | | | | 20 | | | 29 | | |
| 3 | | | 12 | | | | 21 | | | 30 | | |
| 4 | | | 13 | | | | 22 | | | 31 | | |
| 5 | | | 14 | | | | 23 | | | 1 | | |
| 6 | | | 15 | | | | 24 | | | | | |
| 7 | | | 16 | | | | 25 | | | | | |
| | Daily Rate | | | | Number of | | Days Paid | Ī | Total Pa | Pay Due | | |
| | | | | Х | | | | _ | | | - | |
| | | | | | | | | | | | | |
| PART V – AUTHORIZED SIGNATURES | | | | | | | | | | | | |
| I verify that I have performed the services as outline above and have completed all necessary employment forms. | | | | | | | | | | | | |
| Consultant Cinnetum | | | | | | | | | | | | |
| Consultant Signature: Date: | | | | | | | | | | | | |
| I certify that the above individual has completed the service in a satisfactory manner, as outlined above. | | | | | | | | | | | | |
| Department Authorized Signature: Date: | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| PART VI - DISTRIBUTION OF CHECK: | | | | | | | | | | | | |
| Hold in Cashiers (MSR100) Self-addressed/stamped mailing envelope attached. | | | | | | | | | | | | |
| If requesting check to be mailed to your home address or P.O. Box, attach a self-addressed/stampled envelope to this form. Otherwise checks will be available for pick-up at Cashiers. For security purposes, paychecks will not be mailed to campus departments. | | | | | | | | | | | | |
| | Cashiers. Tor security purposes, payorieons will not be mailed to campus departments. | | | | | | | | | | | |