



UNIVERSITY OF SOUTH ALABAMA
PAYMENT TO INDIVIDUAL FOR SERVICES
AND PAYMENT FOR SCHOLARSHIPS

Is this individual a Foreign National? Yes
 If 'Yes' see # 5 below. No

DATE		REQUEST NO.
REQUESTOR INFORMATION		
NAME:	<input type="checkbox"/> Employee <input type="checkbox"/> HCM <input type="checkbox"/> USA <input type="checkbox"/> No	PAYEE INFORMATION
DIVISION:		NAME:
DEPT:	<input type="checkbox"/> Student <input type="checkbox"/> Employee	ADDRESS 1:
BLDG:	<input type="checkbox"/> Yes <input type="checkbox"/> No	ADDRESS 2:
ROOM:	Scholarship	CITY: STATE: ZIP:
PHONE:	<input type="checkbox"/> USA Student <input type="checkbox"/> Other Student	PHONE: FAX:
FAX:	<input type="checkbox"/> No	DEPT:
		JOB TITLE:
		J#: LAST 4 DIGITS OF SS#:

FUND	ORGN	ACCT	PROG	ACTIVITY	EXPLANATION OF SERVICES	TOTAL
TOTAL						

1. Instructions for completing this form can be found at <http://www.southalabama.edu/financialaffairs/purchasingdepartment/forms.html>.
2. After the Division head signature is obtained for USA employees or HCM employees, the original copy of this form should be forwarded directly to Human Resources. Otherwise, after departmental approvals are obtained, submit original copy of this form to the Business Office.
3. Attach an original invoice.
4. Attach copy of contract, agreement, or other documentation and approved APS form if required.
5. If this payment is to a NON-U.S. Citizen, including an Honoraria, contact the Payroll Office 460-6654. Further information concerning Honoraria can be found at <http://www.southalabama.edu/financialaffairs/taxaccounting/honoraria.html>.
6. This form should only be used for one-time payments.

Special Instructions: _____

APPROVALS		
Requestor's Signature	_____	Date: _____
Request Approved	_____	Date: _____
Request Approved	_____	Date: _____
Request Approved	_____	Date: _____
Request Approved	_____	Date: _____
		HR Approved