

NONRECURRING PERSONAL SERVICES PAYMENT OF \$250 OR LESS

Dated _____, 200_

Prior Approval Required

Name of Person to be paid: _____

Social Security Number or Taxpayer's I.D. Number: _____

Address: _____

Is this person an APSU Student?

(If yes, Student Financial Aid approval is required.)

_____ Yes _____ No

Description of Services to be Performed: _____

Dates of Service: _____ Account to be charged: _____

Amount to be paid: _____

Approval:

_____	_____
Responsible Person for Account	Date
_____	_____
Student Financial Aid (if applicable)	Date
_____	_____
Dean (if applicable)	Date
_____	_____
Senior Administrator	Date

This is to request payment for the above services.

I certify that the individual being compensated is not a faculty or staff member and has not been such during past six months. I also certify that the individual is not a student (unless approved by the Student Financial Aid Office on the line provided above).

Responsible Person for Account	Date
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This section must be completed if the check is to be presented immediately after services have been rendered.

I certify that the check requested above will not be given to the person being paid until all services have been performed.

Responsible Person for Account	Date
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Original: Accounts Payable, Accounting Services
Copy: Finance & Administrator
Senior Administrator