



**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