

# REQUEST FOR PAYMENT/ ADDITIONAL PAYMENT



COLUMBUS STATE  
UNIVERSITY

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Name: \_\_\_\_\_

Employee ID#: \_\_\_\_\_

Department: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

Account Number: # \_\_\_\_\_ hrs or \$ \_\_\_\_\_

Account Number: # \_\_\_\_\_ hrs or \$ \_\_\_\_\_

Account Number: # \_\_\_\_\_ hrs or \$ \_\_\_\_\_

TOTAL AMOUNT TO BE PAID\*: \$ \_\_\_\_\_

## REASON FOR PAYMENT:

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*If student or hourly paid employee, indicate dates and hours worked.*

\_\_\_\_\_  
Budget Authority Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date

*If Grant monies are used, approval is needed from the Grants Office*

*\*Amount will be reflected on the next regular pay period.*

\_\_\_\_\_  
Grants Approval

DIST: WHITE-HUMAN RESOURCES      YELLOW-PAYROLL