Jackson State University

REQUISITION FOR CONSULTANT PAYMENT

This form is sent to the Accounts Payable department any time a payment is requested to be made to an independent contractor regardless of the amount. A form must be completed for each individual contractor to be paid. The form is prepared by the requesting department and used to secure approval of the authorization and to process the payment. Payments cannot be made to any University or State employee (which includes full or part-time faculty, staff) under this procedure Compensatory time off should be given first consideration for reimbursements to employees; however as warranted by the department head the extra services form must be completed to receive monetary reimbursement.

Payee Information (ALL INFORMATION IS REQUIRED)

Name of Individual, Sole Proprietor, Partnership or Corporation					
Address					
Telephone		Fax		E-mail	
Vendor Number					
EIN Number or SSN					

FOAPAL Information

Dates of Performance	
FOAPAL Codes	
PO#	

Segment Payment _____ of_____ of total contract amount. **Attach completed W-9**

Total Estimated Costs for Project fee/rate per hour, day, and etc. No. of hours, days, etc. Total Fees

Fees for Service $_____ $_____ $_____

Expenses to be paid

Transportation Airfare $_____ X_____ = $_____

Ground $_____ X_____ = $_____

Subsistence Food $_____ X_____ = $_____

Lodging$_____X_____ = $_____

Other Expenses $_____X_____ = $_____

FOAPAL Information _____ Total Estimated Cost $_____

Request and Approval Signatures

Requested by:

Signature_____ Date_____

Approved by:_____ Date_____

Head of Department/College (Required)

Approved by:_____ Date_____

Dean/Director

Approved by:_____ Date_____

Vice President_____ Date_____

Financial Services:_____ Date_____

Please attach the consultant's form W-9