



# Independent Contractor Payment Request Form

## Section 1 - Make Check Payable To:

Name: _____	Banner ID#: _____
Address: _____	Department Name: _____
City: _____	Department Contact: _____
State: _____	Email: _____
Zip Code: _____	Phone Number: _____

## Section 2 - Departmental Tracking System

Requisition Entered	REQ #	PO Issued	PO #	Receiving Doc	Invoice Doc #
Yes / No	R	Yes / No	P	Yes / No	I

## Section 3 - Grant Name and Description


## Section 4 - Dates of Service

Invoice Description	Date(s)	Hourly Rate	Hours	Amount(s)

## Section 5 - Accounting Information

### Bank 30

Invoice Description	INDEX #	FUND #	ORG #	ACCT #	PROG #	ACTIVITY #	Amount

## Section 6 - Payment Information

I prefer to be paid via Direct Deposit     Provide email address for electronic remittance:

ACH Banking Information: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Routing #	Account #
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I prefer to be paid via paper check (Paper checks will take additional time to process)

## Section 7 - Signature and Departmental Authorization

_____	_____	_____
<b>Service Provider (Print Name)</b>	<b>Date</b>	<b>Service Provider (Signature)</b>
_____	_____	_____
<b>Service Requester (Print Name)</b>	<b>Date</b>	<b>Service Requester (Signature)</b>

**This form is used to pay Independent Contractors when there is no invoice readily available as a normal course of business.**