

## UNIVERSITY OF SOUTH ALABAMA

## DIRECT PAY FORM FOR PAYMENT TO INDIVIDUALS FOR SERVICES AND SCHOLARSHIPS

							Is this individual a Foreign Nationa	I? ☐ Yes ☐ No	
DA	ATE						If 'Yes' see # 5 below.	□ No	REQUEST NO.
REQUESTOR INFORMATION						Employee	PAYEE INFORMATION		
NAME:						☐ HCM ☐ USA	NAME:		
DIVISION:						□ No	ADDRESS 1:		
DEPT:						Student Employee	ADDRESS 2:		
BLDG:						☐ Yes ☐ No	CITY: STATE:		ZIP:
ROOM:						Scholarship	PHONE:	FAX:	
PHONE:						USA Student	DEPT:		
FAX:						☐ Other Student ☐ No	JOB TITLE:		
							J#:	LAST 4 DIGITS OF SS#:	
FUND	ORGN	ACCT	PROG	ACTIVITY			EXPLANATION OF SERVICES		TOTAL
FUND	ORGN	ACCI	PROG	ACTIVITY			EXPLANATION OF SERVICES		TOTAL
								TOTAL	
		_					nasingdepartment/forms.html.	u to Human Dagouras	o Othorwino ofter
departmental a	approvals are	obtained, subm	nit original cop	y of this form to th	ne Business	es, the original copy s Office.	of this form should be forwarded directly	y to Human Resources	s. Otherwise, after
Attach an o Attach conv	_		ther document	tation and approve	ed APS for	m if required			
5. If this payr	ment is to a N	ON-U.S. Citize	en, including	an Honoraria, co	ntact the F	•	654. Further information concerning	Honoraria can be fo	und at
6. This form s				ounting/honorari	a.html.				
Special Instructions:									
						APPROVALS			
Requestor's S	ignature						Date:		-
Request Approved						Date:			
									-
Request Appro	oved						Date:		-
Request Appro	oved						Date:		
почивы Арріс	ovcu						Date		-
Request Approved					Date:		-		
									HR Approved
Revision 4/8/20	11								