

ONE-TIME PAYMENT PAF

(Typically used for full-time employees at the exemption classification)

Select one: Faculty Staff

Effective Date		Banner ID	
Last Name		First Name	MI
Department			
Index & Account(s)	1.	2.	
Comments: Please give an explanation for payment, please attach the log of effort/time if applicable			
Amount to be paid:	\$		
A minimum of 2 signatures is required regardless of the amount.			
Approvals	Signatures	Print Name	Date
Budget Center Manager			
Director/Dean/ Assoc. VP			
Vice President (Signature required if over \$499.99)			
President			
For HR/Payroll Use Only			
Human Resources	Budget Office	Payroll	Payroll # SM _____