

# ONE-TIME PAYMENT PAF



Select one:      Faculty                  Staff

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