



SYRACUSE UNIVERSITY

Request for Payment of Professional Services Rendered by Non-Employees

Voucher Number _____

PERSONAL INFORMATION

Name of Individual Performing Service: _____ Social Security Number: _____

Check Appropriate Status: US Citizen , Permanent Resident , or Non-Resident Alien

IF NON-RESIDENT ALIEN: Visa type _____

Country of Residence _____

Permanent Home Address:

City State Zip

Send Check To

Individual as Shown Campus Address Below:

Attn: _____

Campus

Individual's Business Affiliation (College, Corporation, Etc.): _____

PAYMENT INFORMATION

Nature of Services Rendered: _____

Location of Services Rendered: _____

Date(s) Services Rendered: _____

Total Payment: \$ _____	Fund	Dept #	Program	Account	MyCode	Sponsored Awards/Cost Sharing			\$ _____
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Project	Activity	Bud Ref	
	Fund	Dept #	Program	Account	MyCode	Project	Activity	Bud Ref	
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	\$ _____

APPROVALS

I certify that the designated services were performed on the dates specified and authorize payment as shown above.

Authorized Signature _____ Date _____

Authorized Signer (Printed Name) _____

For More Information Contact _____ Extension _____

Reviewed By

Office of Human Resources _____ Date _____

Pre-Audit Approval _____ Date _____

Comptroller's Office _____ Date _____