

REQUEST FOR PAYMENT

*This request must be submitted no later than 3 pm on the Thursday before the end of the pay period.

Name:		BYUH ID:	DEPT:
Pay Period to be Paid:	Amount:	Equivalent Hours:	GL Account#:
Type of Service(s) Rendered:			Dates From: To:
<i>Authorized by: (Dean/Associate Dean/Director/Supervisor)</i>			Date signed:
Please print Name:			