

# Add – Pay Form



Employee

EMP ID# N

Name of Organization/Fund

Charge to:    FUND                                  ORG                                  ACCT                                  PROG

Payment \$    Based on \$    per

Pay Cycle

Please provide a description of the services being provided:

Title of Service / Program

Date(s) of Service / Program

Program Summary

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## APPROVALS

Employee: \_\_\_\_\_ Date: \_\_\_\_\_

Account Sponsor: \_\_\_\_\_ Date: \_\_\_\_\_

Grants & Contracts: \_\_\_\_\_ Date: \_\_\_\_\_

(If required)

Director of Budgets: \_\_\_\_\_ Date: \_\_\_\_\_

Vice President: \_\_\_\_\_ Date: \_\_\_\_\_

President: \_\_\_\_\_ Date: \_\_\_\_\_