



New Mexico State University
Payroll Services
One Time Payment Request

ROUTING	Aggie Service Center
	MSC ASC
	OR
	Milton Hall Rm 14

INSTRUCTIONS: USE THIS FORM FOR THE BELOW TYPES OF PAYMENTS ONLY. (1) Complete all information on One Time Payment Request. (2) Obtain required signatures. Processing time of 2 weeks should be allowed after final approvals have been obtained. If payment is for an award being presented during a ceremony, it is required that date of presentation be included on this request.

SECTION 1: EMPLOYEE INFORMATION

Employee Name: _____ Aggie ID: _____ Department: _____
 Department Org: _____ Position: _____ Suffix: _____ ELCS: _____

SECTION 2: REQUEST DETAILS

Date (mm/dd/yyyy): _____ Requestor Name: _____ Phone: _____

Description of Payment	Earnings Type		Amount
	Enter Type	Description	
1.		ALL Allowance	
2.		AWD One Time Cash Award	
3.		DIF Course Development	
4.		OIC Incentive	
5.		OTH Participant/ Stipend/ Other	
6.			
(Must check one) <input type="checkbox"/> GROSS <input type="checkbox"/> NET			TOTAL

Presentation Date of Award: _____

INDEX	AMOUNT	GIFT ACCOUNT
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL		

THIS TOTAL DOLLAR AMOUNT SHOULD MATCH THE TOTAL DOLLAR AMOUNT FROM ABOVE

SECTION 3: OFFICIAL APPROVAL

Print Name: _____ Signature: _____ Date: _____
 Department Head (For Faculty Only)

Print Name: _____ Signature: _____ Date: _____
 Principal Investigator Dean/VP/CC President Designee

SECTION 4: OTHER APPROVALS

Fiscal Monitor Name: _____ Signature: _____ Date: _____

Internal Use Only

HR: _____ Date: _____ Payroll Processor: _____ Date: _____

Reset

Print