DILLARD UNIVERSITY

Departmental Invoice
Payroll Check Request

Account Codes

CC/DEPT _____

OBJECT _____

Account # _____

REQUEST DATE: _____

PAYMENT DUE DATE: _____

EMPLOYEE ID # _____

Employee

_____

_____

_____

_____

_____

Discount _____

Terms _____

TYPE OF MATERIAL OR SERVICES: _____

JUSTIFICATION: _____

# of Emp	Hours	Price Per Hour	Description of Service/ Date Performed (Attach Time Sheets/Log-in Sheets)		Extended Price
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
					-
			Sub-Total		-
			5% Tax		-
			Total		-

REQUESTED BY:	
Dept. Head/Dean	**VP**
Budget Director/Accountant	**Controller**
CCO/CFO/CAO	**President**

This form shall only be used when requesting payment for items such as stipends, honorariums, subscriptions, membership dues and renewals,medical and athletic fees, licenses, etc.