



# Student Ad Hoc Payment Request

Contact Person		Date	
Contact Phone Number		Total Amount	
Contact Email		Payment Type	
Payment Description <i>(enter the name of the stipend or scholarship award)</i>		Payment Due By	
		Handling Code	

Payee Information			Payment
Payee Name <i>(First, Last)</i>	Workday ID	Mailing Address	Amount

**WHEN USING SPEND CATEGORY: SC0194, USE NACUBO FUNCTION: FN0710**

Driver Worktags			Additional Worktags		
Spend Category	Cost Center		Fund	NACUBO Function	Site <i>(when applicable)</i>

Special Instructions	AP USE ONLY	
	1099 Reportable	
	Yes	No
	<input type="checkbox"/>	<input type="checkbox"/>

Required Signatures	
Requestor Signature: _____	_____ Date
Budgetary Head Signature: _____	_____ Date
Financial Aid Signature: _____	_____ Date
ORSP Signature: _____	_____ Date
<i>(ORSP Signature ONLY required when using a Grant Worktag)</i>	