

**Jackson State University**  
**REQUISITION FOR CONSULTANT PAYMENT**

This form is sent to the Accounts Payable department any time a payment is requested to be made to an independent contractor regardless of the amount. A form must be completed for each individual contractor to be paid. The form is prepared by the requesting department and used to secure approval of the authorization and to process the payment. Payments cannot be made to any University or State employee (which includes full or part-time faculty, staff) under this procedure. Compensatory time off should be given first consideration for reimbursements to employees; however as warranted by the department head the extra services form must be completed to receive monetary reimbursement.

**Payee Information (ALL INFORMATION IS REQUIRED)**

Name of Individual, Sole Proprietor, Partnership or Corporation					
Address					
Telephone		Fax		E-mail	
Vendor Number					
EIN Number or SSN					

**FOAPAL Information**

Dates of Performance	
FOAPAL Codes	
PO#	

Segment Payment \_\_\_\_\_ of \_\_\_\_\_ of total contract amount. **Attach completed W-9**

Total Estimated Costs for Project fee/rate per hour, day, and etc.	No. of hours, days, etc.	Total Fees
Fees for Service	\$ _____	\$ _____
Expenses to be paid		
Transportation Airfare	\$ _____ X _____	= \$ _____
Ground	\$ _____ X _____	= \$ _____
Subsistence Food	\$ _____ X _____	= \$ _____
Lodging	\$ _____ X _____	= \$ _____
Other Expenses	\$ _____ X _____	= \$ _____

**FOAPAL Information** \_\_\_\_\_ **Total Estimated Cost** \$ \_\_\_\_\_

**Request and Approval Signatures**

**Requested by:**

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Approved by:** \_\_\_\_\_ Date \_\_\_\_\_

Head of Department/College (Required)

**Approved by:** \_\_\_\_\_ Date \_\_\_\_\_

Dean/Director

**Approved by:** \_\_\_\_\_ Date \_\_\_\_\_

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

Financial Services: \_\_\_\_\_ Date \_\_\_\_\_

**Please attach the consultant's form W-9**

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