

CAS Lump Sum Payment Requisition

Effective Date:

I. Employee Information

Full Name: _____ Empl ID: _____
 Position Type: _____ Perm/Temp: Permanent
 Temporary

II. Payment Details

Payment type: _____ Amount: _____
 Work Start Date: _____ Work End Date: _____
Justification: _____

III. Funding Information

Amount	Fund	Source	Account	Dept	Bus Unit	Project	Activity	Program	CC1	CC2	CC3

*Required for Contracts & Grants only

*Cost codes are optional. Must be from approved list.

IV. Approvals for Hourly Lump Sum payments

of Hours
x
Hourly rate of pay
=
Total payment amount

Payee print name(optional)

Payee signature(optional)

Date

Payer name

Payer signature

Date