



### PAYROLL NRA PAYMENT REQUEST FORM

*\*If your intent is to initiate a foreign wire transfer, please use the Payroll Foreign Wire Request form. \*Please submit a Direct Deposit Authorization form with the Payroll NRA Payment Request form.*

#### Department Requesting This Payment

Department Name:		Contact Person:	
Today's Date:		Phone:	
Pay by Date:		Email:	

#### Payee Information

OMNI EmplID :  Legal Name :

Address

City  State  Zip code

#### Distribution Information

	Department #	Fund #/Code	Project #
	<b>Total Amount</b>		

*NOTE: For Scholarship or Research Participant payments on non-research sponsored funds, please attain approval from the Provost Office.*

#### Justification for Payment (Include Semester)

#### Departmental Approval

Department Head/Budget Manager (print):

Department Head/Budget Manager (sign): \_\_\_\_\_ Date: \_\_\_\_\_

Provost Office Approver(if applicable) (sign): \_\_\_\_\_ Date: \_\_\_\_\_

Sponsored Research Approval (sign): \_\_\_\_\_ Date: \_\_\_\_\_

FSU Foundation Approval (sign): \_\_\_\_\_ Date: \_\_\_\_\_