



PAYROLL NRA PAYMENT REQUEST FORM

**If your intent is to initiate a foreign wire transfer, please use the Payroll Foreign Wire 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

	Dept.	Fund	Project
	Total Amount		

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: _____