STATE OF MINNESOTA MINNESOTA STATE COLLEGES AND UNIVERSITIES BEMIDJI STATE UNIVERSITY

PAYROLL AUTHORIZATION FOR "NON-BSU" STATE EMPLOYEE

(No purchase order is required with this form)

This form MUST be completed before services are rendered.

11.10 10.111 11.10	<u> </u>	# # # # # # # # # # # # # # # # # # #
Name of Individual Service Provider		
Address		
Telephone Number		
Social Security # or Federal I.D.		
Date of Birth		
Event/Project Date		
Amount of Payment		
Complete Description of Duties or Performance		
Home Agency (Dept/Div)		
Agency HR/Payroll Contact		
Contact Phone #		
MINNESOTA STATE COLLEGES AND UNIVERSITIES BEMIDJI STATE UNIVERSITY I hereby verify that I am authorized to enter into this agreement on behalf of Bemidji State University and that funds are available for this project. Cost Center: By: Title: Date:		Dean/Dir/Supervisor: Date: Area Vice President:: Date: INDIVIDUAL PERFORMING SERVICE: By: Date:
Final Payment Approval Signature: Date:		

Routing: Individual making request, Individual providing service, Director/Dean/Supervisor, Vice-President, back to original requestor.

Individual making request will sign and date final payment approval and forward to the payroll office after project is completed. This payment will be made through the State of Minnesota Payroll system.