CONCORDIA COLLEGE

REQUEST FOR SALARY PAYMENT

MONTHLY EMPLOYEES – Faculty & Administrators

PAYROLL DATE (Month/Year): _____/_____

DESCRIPTION OF REQUEST: _____

FOAP: _____

FULL LEGAL NAME	CONCORDIA ID# (Required)	AMOUNT

_____ _____

REQUESTED BY SIGNATURE DATE

_____ _____

AUTHORIZED SIGNATURE SIGNATURE DATE

If there are questions concerning this payment, please contact _____ at _____.

This form is to be used for payments that are to be processed through the PAYROLL system. For Payments processed through the Accounts Payable system, please contact the Business Office.

For Payroll Office use only:

Date entered: _____ Initials: _____