NAME & DEPARTMENT REQUESTING PAYMENT	*LAWRENCE UNIVERSITY*	**PLEASE USE THIS REQUEST FOR PAYMENT OF HOURS WORKED OR ANY WORK OUTSIDE OF REGULAR HOURS.**
NAME_____ (PERSON AUTHORIZING PAYMENT) DEPARTMENT_____	**PAYROLL REQUEST**	

CHARGE TO GL ACCOUNT #_____	DATE OF EVENT_____
CHARGE TO GL ACCOUNT_____ (NAME OF ACCOUNT)	RECEIVED IN PAYROLL_____ (DATE)
NAME OF EVENT_____	PAYMENT REQUESTED FOR_____ (DATE)

PAYROLL ID (IF AVAILABLE)	LUID	NAME	AMOUNT

PLEASE LIST NAMES IN ALPHABETICAL ORDER
INFORMATION MUST BE COMPLETE BEFORE PAYMENT WILL BE MADE