LONGWOOD UNIVERSITY

OFFICE OF ADMINISTRATION & FINANCE

PRE-APPROVED ADDITIONAL SERVICES FORM

Note: This form must be completed and approved prior to services being performed. If submitted after services are performed, payment will not be rendered.

PAYEE INFORMATION

Legal Name _____ Cardinal ID: _____
(AS APPEARS ON SOCIAL SECURITY CARD)

Building/Office _____ Phone Number _____

Title _____ Position Number _____

PRE-APPROVED SERVICES INFORMATION

DESCRIPTION OF SERVICE TO BE PERFORMED

☐ One-time payment ☐ Recurring payment ☐ Stipend ☐ Award ☐ Temporary Pay ☐ Other

Dates of service _____

Please provide a description of the service to be performed below

_____

_____

_____

_____

_____

BUDGET INFORMATION

All budget information is required prior to submission for approval.

Earning Code _____

Banner Index _____ Banner Account Code _____ Amount _____

REQUESTOR INFORMATION

Requesting Department _____ Contact _____ Date _____

AUTHORIZATION

All signature lines are required for final approval.

Vice President _____ Date _____

VP Admin & Finance _____ Date _____

President _____ Date _____

Comp/Class Approval _____ Date _____

HRIS: _____ Cardinal ☐ Banner ☐ Date _____