

NONSERVICE PAY AUTHORIZATION

**Office of the Controller
Washington State University
Pullman, WA 99164-1025
Telephone 335-2060**

DEPARTMENT CONTROL NUMBER		DATE PREPARED		Refer to BPPM 30.30 for instructions.			
NAME OF RECIPIENT (last, first, middle initial)				ACTION REQUESTED: <input type="checkbox"/> BEGIN <input type="checkbox"/> REVISE <input type="checkbox"/> EXTEND <input type="checkbox"/> END <input type="checkbox"/> OTHER (Specify in Comments.)			
STREET ADDRESS OR PO BOX (for mailing payment)							
CITY		STATE	ZIP CODE	DATES AUTHORIZED (not to exceed one year)		AMOUNT AUTHORIZED	
SOCIAL SECURITY NUMBER *		WSU ID NUMBER		COMMENTS			
Is the recipient a U.S. citizen? <input type="checkbox"/> YES <input type="checkbox"/> NO		VISA TYPE (Enter if not a U.S. citizen)					
DEPARTMENT		WSU ORG NO.	MAIL CODE				

* WSU requires that individuals requesting payment from WSU who do not have a WSU ID number disclose social security number pursuant to Section 6109 of the Internal Revenue Code. When required, WSU uses disclosed social security numbers for IRS reporting purposes only.

DISBURSEMENT PLAN														
ACCOUNT NAME	ACCOUNT CODE							STIPEND AMOUNT	OTHER: Specify, e.g., books	AMOUNT	TOTAL AMOUNT DISBURSED	PERIOD, e.g., mo.	DISBURSEMENT DATE	CONTROLLER'S OFFICE USE
	FUND	SUBF	PROG	BUDGET	PROJECT	OBJ	SUB							
CALCULATION METHODS									REFER QUESTIONS TO:		TELEPHONE	E-MAIL ADDRESS		

The undersigned recipient hereby certifies that he or she understands that the requested nonservice pay does not obligate the recipient to provide services to the University or to University-affiliated organizations in the past, in the future, or at present.

The undersigned administrator(s) hereby certify that they have reviewed this form and the attachments and have determined that no services are required of the recipient by the University.

RECIPIENT	DATE
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APPROVING ADMINISTRATOR	DATE
DEAN/DIRECTOR (OPTIONAL)	DATE

ROUTING: The originating department retains a copy and sends the original to Accounts Payable and copies to Financial Aid and the recipient.