



Request for Payment of Services

This form may be submitted to request payment for services provided by individuals such as referees. Payment cannot be made to Brockport students or state employees. Requests submitted by noon on Tuesday will be processed immediately and a check will be issued by 3pm on Friday (schedule may be interrupted due to holidays).

Name: _____

Address: _____

Phone #: _____

Event description: _____

Event date/time: _____

Event location: _____

Payment rate/info: _____

This is to certify that I have performed the assigned duties of _____ as listed above for The College at Brockport at the specified location, and that I am due in full the amount of \$ _____ for these services.

Name (please print): _____

Signature: _____

(Independent Contractor)

Approved: _____

(Agency Representative)

Attach BASC Other Agency voucher and completed W-9 to this request (if not already on file) for payment of services and submit for payment.