New Mexico State University
Human Resource Services
One Time Payment Request

Section 1: (Must be completed) EMPLOYEE INFORMATION

Employee Name: _____ Banner ID: _____ Department : _____

Department Org: _____ Postion: _____ Suffix: _____

Section 2: (Must be completed) REQUESTOR INFORMATION

Date (mm/dd/yyyy): _____ Requestor Name: _____ Phone: _____

INSTRUCTIONS: USE THIS FORM FOR THE BELOW TYPES OF PAYMENTS ONLY. (1) Complete all information on One Time Payment Request. (2) Obtain required signatures. (3) Forward original to Payroll Services, Box 3HRS. (4) ORIGINAL ONE TIME PAYMENT REQUESTS BECOME PART OF NMSU PERMANENT RECORDS. Processing time of 2 weeks should be allowed after final approvals have been obtained. If payment is for an award being presented during a ceremony, it is required that date of presentation be included on this request.

Description of Payment	Earnings Type		Amount
	Enter Type	Description	
1.		AWD One Time Cash Award BON Bonus ROY Royalties DIF Course Development	$
2.			$
3.			$
4.			$
5.			$
6.			$
(Must check one) ☐ **GROSS** ☐ **NET**		TOTAL	

Presentation Date of Award: _____

INDEX	AMOUNT	GIFT ACCOUNT
		☐ YES ☐ NO
		☐ YES ☐ NO
		☐ YES ☐ NO
TOTAL $		

THIS TOTAL DOLLAR AMOUNT SHOULD MATCH THE TOTAL DOLLAR AMOUNT FROM ABOVE

Section 3: (Must be completed) APPROVAL

Print Name: _____ Signature: _____ Date: _____

Department Head (For Faculty Only)

Print Name: _____ Signature: _____ Date: _____

◯ Principal Investigator ◯ Dean/VP/CC President ◯ Designee

Section 4: CENTRAL OFFICE APPROVAL

Fiscal Monitor Print Name: _____ Signature: _____ Date: _____

Provost /President: Print Name: _____ Signature: _____ Date: _____

Internal Use Only

HR: _____ Date _____ Payroll Processor: _____ Date _____

Print Form Reset Form