

**STATE OF MINNESOTA
MINNESOTA STATE COLLEGES AND UNIVERSITIES
BEMIDJI STATE UNIVERSITY**

**PAYROLL AUTHORIZATION FOR "NON-BSU" STATE EMPLOYEE
(No purchase order is required with this form)**

This form MUST be completed before services are rendered.

Name of Individual Service Provider	
Address	
Telephone Number	
Social Security # or Federal I.D.	
Date of Birth	
Event/Project Date	
Amount of Payment	
Complete Description of Duties or Performance	
Home Agency (Dept/Div)	
Agency HR/Payroll Contact	
Contact Phone #	

<p>MINNESOTA STATE COLLEGES AND UNIVERSITIES BEMIDJI STATE UNIVERSITY</p> <p>I hereby verify that I am authorized to enter into this agreement on behalf of Bemidji State University and that funds are available for this project.</p> <p>Cost Center: _____</p> <p>By: _____</p> <p>Title: _____ Date: _____</p>	<p>Dean/Dir/Supervisor: _____</p> <p>Date: _____</p> <p>Area Vice President:: _____</p> <p>Date: _____</p> <p>INDIVIDUAL PERFORMING SERVICE:</p> <p>By: _____</p> <p>Date: _____</p>
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Final Payment Approval Signature: _____ Date: _____

Routing: Individual making request, Individual providing service, Director/Dean/Supervisor, Vice-President, back to original requestor.

Individual making request will sign and date final payment approval and forward to the payroll office after project is completed. This payment will be made through the State of Minnesota Payroll system.