



NORTHEASTERN
STATE UNIVERSITY

Student One-Time Pay Form

Student Name _____ Banner ID _____

Student Address _____ Social Security Number _____

City, State and Zip Code _____

Event _____ Event Date(s) and Time(s) _____

Summary of Event (reason for payment)

Banner Elements: Fund _____ Org _____ Acct _____ Pgm _____

Amount of payment requested _____ Based on _____ per Hour Contract

If payment is on a contract basis, estimate number of hours _____

Is student currently enrolled? Yes No

Student Signature

Date

Account Sponsor Signature

Date

Payroll Manager Signature

Date

NSU requires disclosure of your social security number on this form. The authority for this mandatory disclosure is found in the NSU Social Security Number Usage Policy, Appendix I. www.nsuok.edu

Revised April 2013