



Vendor ID: _____
(ConnectCarolina Vendor No.)

904.2.1f – Dual Employment Payment Request

Please fill out this form online and print for signature.

5 - _____
(Assigned by Department)

Issue Check to (Agency Name): _____

Address: _____

Address Line 2 (if needed): _____

City: _____

State: _____

ZIP: _____

Business Unit	Fund	Source	Account	Dept. ID	PC Business Unit	Project ID	Activity	Program	Cost Code 1	Cost Code 2	Cost Code 3	Amount	Central Audit Approval
											TOTAL:		

Explanation of Charges and Description _____

Services provided by (Employee Name): _____

Description of Services Rendered: _____

Date(s) of Service: _____

Salary:	
SS:	
Total:	

Explanation of Charges and Description: Dual Employment **Due Date** (MM-DD-YY): _____

Prepared By:		Departmental Approval	
Dept Name:		Approved By: _____	
Campus Box:		Signature _____	
Telephone No.:		Print Name _____	Date: _____
		Budget Office Approval	
		Approved By: _____	
		Signature _____	
		Print Name _____	Date: _____