

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 state employees.

SUNY Brockport
Campus Recreation
350 New Campus Drive
Brockport, NY 14420

Name: _____

Mailing 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 SUNY Brockport at the specified location, and that I am due in full the amount of \$ _____ for these services, to be paid by check within 30 days of the event.

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.