Upon completion and departmental approval this form should be forwarded to the departmental representative who is responsible for entering the payments in Banner.

VT ID #

Students’s Full Name: ________________________________

Last               First               MI

Department Number: ___________ Banner Fund: _______________________

Please complete one of the following sections below.

**Section 1 - One-time payment**

Amount:

______________________________

Pay date when student should receive payment:

______________________________

**Section 2 – Multi-payments paid throughout summer**

Amount:

______________________________

Pay date when student should receive payment:

______________________________

Amount:

______________________________

Pay date when student should receive payment:

______________________________

Amount:

______________________________

Pay date when student should receive payment:

______________________________
Section 3 - Continuous payment throughout summer

Amount per pay period: __________________

Start Date: ____________ End Date: ____________

Approve the Appointment and Information Provided Above:

_________________________________________________________________________  ____________

Approval Signature  Date