OLD DOMINION UNIVERSITY

PAYROLL STUDENT EMPLOYMENT

ONE TIME SPECIAL PAYMENT   FORM   (6 3

Keep a copy for your U H F R U G V

Contact Person: _____

Phone Number: _____

ALL INFORM ATION SHOULD BE TYPE WRITTEN

A. PAYEE INFORMATION			
Organization/Department :	Budget Code:	Sub -Object Code:	BANNER Position #:
Last Name:	First Name:	University Identification Number (UIN):	Type of Student : ‰Undergraduate ‰Graduate