



FLORIDA ATLANTIC UNIVERSITY
777 GLADES ROAD
PO Box 3091
BOCA RATON FL 33431-0991

For Payroll Office Use Only:
Pay Date _____
Date(s) entered _____
\$ _____
Initial by: _____

APPROVAL TO PAY LUMP SUM ON OPS APPOINTMENT*

MEMORANDUM

DATE: _____

TO: PAYROLL

FROM: _____
Department Name

Authorized Signature

Please pay the following person on OPS appointment contract as services have been completed.

\$ _____
Lump Sum Amount

NAME: _____ Z # _____

INDEX #: _____ POSITION # _____

FROM: _____ TO: _____ SUFFIX # _____
Contract Date(s)

COURSE NAME: _____ TKA#: _____

*NOTE: FORM MUST BE COMPLETED AND SENT VIA INTEROFFICE MAIL TO THE PAYROLL OFFICE, ADM ROOM 142, IN ORDER FOR PAYMENT TO TAKE PLACE. DO NOT SEND FAXES!!!

IF YOU HAVE QUESTIONS, PLEASE CALL PAT CRABTREE AT 7-6401.

A:\APPROVAL FRM (REVISED 06/10/04)

Boca Raton · Fort Lauderdale · Dania · Davie · Palm Beach Gardens · Port St. Lucie
A Member of the State University System of Florida

An Equal Opportunity/Access/Affirmative Action Institution