

**CENTENARY COLLEGE OF LOUISIANA**

**SERVICE AGREEMENT**

This agreement is for \_\_\_\_\_ to perform \_\_\_\_\_ services on date(s) \_\_\_\_\_ for the amount of \$ \_\_\_\_\_.

Centenary College

Employee:

By: \_\_\_\_\_

By: \_\_\_\_\_

**PAYROLL CHECK REQUEST**

Employee Name: \_\_\_\_\_ Social Security: \_\_\_\_\_

Employee Classification (Check one of the following):

Administrator \_\_\_\_\_ Support Staff \_\_\_\_\_ Faculty \_\_\_\_\_ Student \_\_\_\_\_

Full Time \_\_\_\_\_ Part-Time \_\_\_\_\_ Temporary \_\_\_\_\_

Name of Department the payment is to be charged to: \_\_\_\_\_

FOAPAL Account the funds are to be charged to: \_\_\_\_\_

Signature of person making request: \_\_\_\_\_

Certifying Official\*: \_\_\_\_\_

(Person with oversight & budgetary authorization over services)

**\*\*If the amount is over \$999.00, signature of the VP for Finance and Administration is REQUIRED\*\***

Robert S. Blue

Vice President for Finance and Administration \_\_\_\_\_

*After form is complete, please return form along with copies of receipts or any other necessary supporting documentation to Payroll*