



Payroll Department

PAYROLL CHECK REQUEST FORM

Please Print

Requestor's Name	Department	Building	Room #	Phone #
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Please draw the following check as indicated:

Name of Employee	Social Security #	Cost Center	Hours	Rate	Amount
1) _____	_____	_____	_____	_____	_____

Reason for payment: _____

Employee Signature _____

Supervisor _____

Department Head _____

Account Rep. _____

NOTE: Do not use for Out of Title Work

Please send originals to:

Payroll Department
 Liberty Plaza – 4th Floor
 335 George Street
 New Brunswick, NJ 08903-2688

PAYROLL WILL NOT ACCEPT A FAX

Effective date: 1/8/04