

**THE UNIVERSITY OF TENNESSEE  
REQUEST FOR SPECIAL PAYMENT**

**NOTE: Please read the instructions on the reverse side prior to completing this form.**

**PAYEE INFORMATION**

**HRSF-11**

Choose One:     Independent Contractor     Employee     Company    Date: \_\_\_\_\_

Name: \_\_\_\_\_    SSN/FED ID: \_\_\_\_\_  
(Last, First MI or Company Name)

Address: \_\_\_\_\_

If not a Company:  
 Citizen:     1 US Citizen  
 Status:     2 Resident Alien  
              3 Non-Resident Alien

If not U.S. Citizen:  
 Visa Type: \_\_\_\_\_

Visa Expiration Date: \_\_\_\_\_

Country of Citizenship: \_\_\_\_\_

Note: Checks and other information will be mailed to this address.

**Complete for Employees Only**

Sex:     1 Male     2 Female    Race:     1 Caucasian  
 2 American Indian or Alaskan Native  
 Marital Status:     M Married     S Single     3 Black  
 4 Hispanic  
 Birthdate:    \_\_\_\_ / \_\_\_\_ / \_\_\_\_     5 Asian or Pacific Islander  
MO          DAY          YEAR

**PAYMENT INFORMATION**

DV No.: \_\_\_\_\_  
\*For Treasurer's Office Use Only

**HRPA-11**

Description of Services Performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dates of Service: \_\_\_\_\_

Contract Date: From \_\_\_\_\_ To: \_\_\_\_\_    Purchase Order No.: \_\_\_\_\_

Hour/Day/Week: \_\_\_\_\_ X Rate: \_\_\_\_\_ = Amount to Pay: \_\_\_\_\_

**CHECK STUB INFORMATION**

Description of Services	Amount	Cost Ctr/WBS No. To Be Charged	G/L Acct.	Amount
Max. 15 characters per line				

**APPROVALS:** I hereby certify that, to the best of my knowledge, the above described services have been rendered and it is proper for the University to make payment.

SIGNATURE	DATE	SIGNATURE	DATE
SIGNATURE	DATE	SIGNATURE	DATE