

Dual Employment Payment Request

Payments to NC State Employees at other institutions

Person making request:

E-mail

Name of Payee:

Last 4 digits of SSN

Main Employer (ie NCSU, UNC-W, etc)

Position w/Main Employer

Amount of Payment:

Source of Funds - Acct number/name

Dates of Service

Reason for Payment

Date Submitted: _____