Division of Continuing Education

SELF FUNDED PROGRAM PAYMENT REQUEST

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| **Today’s Date:**        |
| **Dept. Contact** Name:       Phone:       Fax:       Email:        |

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| **PAYEE’S NAME** | **UFID** | **TITLE** |
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| **COLLEGE**  | **DEPARTMENT**  | **ADDRESS** |
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| **Dates of Service:**       **to**        **Number of Hours:**       |
| **Supervisor’s Name:**       **UFID:**       |
| [ ]  New hire to UF (paperwork attached) [ ]  Current UF Employee [ ]  Retiree (attached Rehire Retiree Exception Form) [ ]  Terminate appointment[ ]  Extra State Comp **OR** [ ]  Lump Sum Payment (LSP)Services associated with: [ ]  Credit Course [ ]  Non-Credit Course  |

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| **DEPT ID** | **FLEXFIELD** | **EARNINGS AMOUNT** | **GOAL AMOUNT** |
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**SERVICES PROVIDED:**

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| **DO NOT WRITE IN THIS SPACE****HRAC: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****HR600 on file\_\_\_\_\_\_\_\_\_\_\_\_** |

The above service(s) have been completed and I authorize payment.

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| Department Chair Signature Date |  | DCE Signature Date  |

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|   |  | Barbara Bennett  |
| Printed Name  |  | Printed Name  |

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|  / |
| College of DCP, Assoc Dir of Admin Date |

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| --- |
| Kutonya Sowell  |
| Printed Name  |

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