

OLD DOMINION UNIVERSITY
 PAYROLL STUDENT EMPLOYMENT
 ONE TIME SPECIAL PAYMENT FORM (63

Keep a copy for your U H F R U G V

Contact Person: _____

Phone Number: _____

ALL INFORMATION SHOULD BE TYPE WRITTEN

A. PAYEE INFORMATION			
Organization/Department :	Budget Code:	Sub-Object Code:	BANNER Position #:
Last Name:	First Name:	University Identification Number (UIN):	Type of Student : <input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate