

**BALL STATE UNIVERSITY/CONTRACTS & GRANTS OFFICE
PURCHASED SERVICES/PAYMENT REQUEST FORM**
This form must be completed prior to any work being performed.

ORIGINAL

A/P VENDOR NO. _____

CGO ACCOUNT NO. _____

<p>Name: _____</p> <p>Home Address: _____</p> <p>Citizenship Status: <input type="checkbox"/> U.S. Citizen</p> <p> <input type="checkbox"/> Resident Alien (Attach copy of Alien Registration Card/Green Card)</p> <p> <input type="checkbox"/> Nonresident Alien: Visa Type _____ Attach copy of Form I-94 Country of Residence - Accounting may need additional information</p> <p><input type="checkbox"/> Check will be picked up in the Accounting Office. The check will be mailed to address above unless this option is marked. (Note: This form must be in the Accounting Office 5 days prior to the issuance of the check.)</p>	<p align="center">Social Security or Tax ID Number</p> <hr/> <p align="center">Date Check Required</p>
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DESCRIPTION OF SERVICES TO BE PERFORMED:

Dates of Service _____

Compensation: Indicate type of pricing to be used (**complete one**):

Hourly: \$ _____ Per Hour x _____ Number of Hours \$ _____

Daily: \$ _____ Per Day x _____ Number of Days \$ _____

Flat Fee(s) for services \$ _____

Other (explain) \$ _____

Total Compensation \$ _____

Account Title	Account Number	Amount

PI/PD Approval: The work being invoiced has been completed and is satisfactory. Payment is approved.

_____ (Date) _____

(Principal Investigator/Project Director)

Grant Specialist Approval	Date	Budget Office	Date
CGO Supervisor's Approval	Date	Approved	Date

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