PROFESSIONAL SERVICES PAYMENT REQUEST
With few exceptions, you have the right to request, receive, review and correct information about yourself using this form.

Name: ____________________________________________ Date: __________________________

Social Security #/Employee ID # ______________________________________________________

Home Address: _______________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Telephone: __________________________________________________________________________

Regular employee of: □ Lamar University □ Lamar Institute of Technology

Normal working hours if employed on campus: Begin: ___________________ End: ___________________

Student at Lamar University/Lamar Institute of Technology: _ Yes _ No

Describe professional services performed:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Professional services performed on the following dates:

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Total of _______ days/hours at $___________ per day/hour.

(circle one) (circle one)

Amount due $__________________________________________

Attach this form to an F3.2 if the person is a regular Lamar University/Lamar Institute of Technology employee.

Signature of Payee

__________________________________________

Attach this form to an F4.7 if the person is not an employee

Signature of Project Director

__________________________________________

Account Number

__________________________________________

Form RM400/No.2217/1675-02