

# 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:

DATE	DAY	TIME	DATE	DAY	TIME
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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