

Human Resources

222 Administration Building • Fayetteville Arkansas 72701 • (479) 575-5351 • (479) 575-5340 (FAX)

XPAY-SUMT Manual Check Request

Employee Name: _____

Employee ID: _____

Gross dollar amount: _____

CCN to charge: _____

Reason for request: _____

Check will be available for pick up in the Arkansas Union room 214 with a picture id.

Email or phone # for notification when ready: _____

Summer School

XPAY dates: _____

SUMT Summer Session: _____

Manual check fee is \$50.00 per check (only applicable if you request check NOW)

Cost Center Number: _____

Departmental Category: _____

(This fee can not be charged to a grant or cost sharing)

Approver Signature: _____

Approver Signature: _____

Approver Signature: _____

Person initiating this form: _____

Phone Number: _____

E-mail address: _____

HR USE ONLY	
I9-DF _____	ADJ # _____
NRA _____	Date processed _____

Please fax this completed form to Payroll at (479)575-5340.