Villanova University – Payroll Department
Supplemental Payment Authorization
(S.P.A.)

** ***INSTRUCTIONS*** **

Use this form when authorizing supplemental payment for consulting fees, honoraria, workshops, or other personal services performed by University employees.
You may list more than one employee and/or more than one payment on a single form.

Please submit to Payroll in accordance with the appropriate monthly or biweekly pay schedule. All information must be completed below. ***Incomplete or unsigned forms will be returned and may delay payment. Please keep yellow copy for your records.***

Type of Employee:
_____ Faculty or Monthly Staff
_____ Biweekly Staff (must attach a record of hours worked)
_____ Student (must attach a completed student time sheet)

Payment Schedule: (choose one for each payment listed)
(1) One time payment
(2) Fall Semester – September through December
(3) Spring Semester – February through May
(4) Other _____

Name & Social Security No.	Complete description of services (include dates, course #, etc.)	6-Digit Index No.	4-Digit Acct. No. (must be 72xx)	Payment Schedule (No. from above)	Total Payment

Approved by: _____ _____
Primary Budget Administrator — Date
(must be authorized to charge against account number(s) shown)

2nd Level Approval: _____ _____
VP, Dean, or Director — Date
(required on all requests for payment over $200)

Payroll Office Use Only

Reviewed by: _____ _____
Payroll Department — Date

Reviewed by: _____ _____
Other (if needed) — Date

SPA 7/00