

**SALEM STATE UNIVERSITY  
PAID DETAIL REQUEST**

<u>For Payroll Use Only</u>	
<u>HRCMS</u>	<u>PCRS</u>
Pay Per End: _____	Pay Per End: _____
Entered by: _____	Entered by: _____
Date: _____	Date: _____

**CHECK ONE BOX**

CAMPUS POLICE  X

SERVICE REQUESTED BY:

TELEPHONE NO OF PERSON REQUESTING SERVICE:

NAME OF ORGANIZATION/CLUB:

TYPE OF EVENT:  DATE OF EVENT:

TIME OF EVENT:

LOCATION:

**CHARGE TO CHARTFIELD:**

6A08				
ACCT	FUND	DEPT	PROG	PROJ/GRT

\_\_\_\_\_  
AUTHORIZED BUDGETARY SIGNATURE

FOR OFFICE USE ONLY (DEPARTMENT PROVIDING SERVICE)

<u>PERSON(S) ASSIGNED</u>	<u>EMPL ID</u>	<u>TIME</u>	<u>RATE</u>	<u>COST</u>
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\_\_\_\_\_  
SERVICE RENDERED SIGNATURE

\_\_\_\_\_  
DATE

Minimum detail 4 hours. Fees will be automatically deducted from the account listed above.

Distribution: Service Requestor  
Authorized Budgetary Signature