



**Colorado State University**  
COLLEGE OF AGRICULTURAL SCIENCES

**Ag Business Center**  
**Online Teaching Payment Request**

This form is to be submitted when instructor has completed the teaching assignment and payment is ready to be issued.

**Instructor Name:**

**Department:**

**Term and Year:**

**Course**

**Section**

**# Credits**

**# Enrolled**





**Method of Payment** (check which applies):

- \_\_\_\_\_ Will be handled by summer session
- \_\_\_\_\_ Supplemental Pay
- \_\_\_\_\_ FTE adjustment on temp assignment
- \_\_\_\_\_ No payment required-funds go back into department

**Account Number(s):**


**Percentage:**

	%
	%
	%

**Dollar Amount:**

	\$
	\$
	\$
	\$
<b>Total</b>	

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Department Head/Authorized Signature: \_\_\_\_\_

Fiscal Officer Approval: \_\_\_\_\_