Carnegie Mellon University Human Resources

One Time Payment Form

additional information	on how to use one-time				elines: Activit	y Pay and	One-Time Payments	
		Reques	stor Informatio	n				
Name:		Andrew ID:						
Phone:			Email:					
		Payment	Recipient De	tail				
Employee Name:	ime:			Andrew ID:				
Supervisory Org:	/ Org:			Pay Frequency:				
Position:	Academic Period:							
		One-Time	e Payment Det	ails				
One-Time Payment	Reason:							
Requested Payment Date:			Currency: Amount*: *Threshold approval necessary for one-time payments in excess of \$10,					
SPA Approval Need	ed:		" i nresnola a	ipprovai neo	cessary for one	-time payme	nts in excess of \$10,000	
		Chargi	ng Instruction	s				
GL AMT OR %	FUNDING	FUNCTION	ACTIVITY		COST CTR (ORG) BUS UNIT		BUS UNIT (ENTITY	
			TAOK					
GA AMT OR % PROJEC			TASK AV		NARD EXF		PENDITURE ORG	
	Requesting nary position's approve supply the correct app		s transaction.	f the emp	oloyee does	not hold a		
Supervisor	Financial Approver							
Supervisor's Supervisor			ALG Member					
Human Resources Business Partner			Threshold Approver					
			For faculty or	staff - Su	ubmit compl	eted form	to your HR general	
					Submit com	•	n to your departme	

Last Update: 12-13-2024