

UNIVERSITY OF SOUTH CAROLINA DIRECT EXPENDITURE FOR PERSONAL SERVICES

SHADED AREA FOR PAYROLL/PERSONNEL USE ONLY

NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

DATE _____

SOCIAL SECURITY NUMBER _____

USC DEPARTMENT TO SEND CHECK TO: _____

I.	HONORARIUM		51440		
			51440		
	DEPT.	FUND	CLASS	ANALYTICAL	AMOUNT
II.	ROYALTY		51432		
			51432		
	DEPT.	FUND	CLASS	ANALYTICAL	AMOUNT
III.	MOVING EXPENSES		52077		
			52077		
	DEPT.	FUND	CLASS	ANALYTICAL	AMOUNT
IV.	MISCELLANEOUS				
	DEPT.	FUND	CLASS	ANALYTICAL	AMOUNT

CERTIFICATION FOR CATEGORY IV ONLY: I HEREBY CERTIFY THAT, WITH THE SUBMISSION OF THIS DOCUMENT, THIS INDIVIDUAL WILL NOT HAVE WORKED MORE THAN TEN (10) DAYS IN THIS DEPARTMENT DURING THE CURRENT SIX MONTH PERIOD.

AUTHORIZED SIGNATURE FOR INITIATING DEPT.

DESCRIPTION OF SERVICES-REQUIRED FOR ALL CATEGORIES ABOVE:

SITE OF SERVICE: _____ DATES OF SERVICE: _____

TOTAL (DAYS)(HOURS)	FEE PER (DAYS)(HOURS)	TOTAL AMOUNT \$
	NAME	DATE
APPROVED (INITIATED BY)		
APPROVED (DEPARTMENT HEAD)		
APPROVED (DEAN)		
APPROVED (VICE PRES. OR PROVOST)		
APPROVED CONTRACT & GRANT ACCOUNTING)		
APPROVED (HUMAN RESOURCES-CATEGORY IV)		
APPROVED (OFFICE OF INTERNAT'L. SUPPORT)		

NOTICE: DO NOT USE THIS FORM TO PAY FULL TIME USC EMPLOYEES OR FULL TIME EMPLOYEES OF OTHER STATE AGENCIES—SEE DUAL COMPENSATION GUIDELINES

IF PAYMENT IS FROM A FEDERAL CONTRACT OR GRANT THE REVERSE SIDE OF THIS FORM MUST BE COMPLETED.

1. If services are to be paid from a non-appropriated account, provide the following:

A. Evidence that the services are needed and the need cannot be met by direct salaries provided under the fund.

B. Evidence that a selection process has been employed to secure the most qualified individual available, considering the nature and extent of services to be required.

C. Evidence that the fee is appropriate considering the qualifications of the individual, his normal charges, and the nature of the service to be provided.

Signature of Department Head or Principal Advisor

Date

Certification:

II. I hereby certify that I performed the above services and that I did not receive in this calendar year a fee for similar duties less than what is proposed for these services.

Signature of Person Performing Services

Date