



**Controller's Office
Royalty and Commission Payment Form**

Legal Name: _____

Mailing Address Line 1: _____

Mailing Address Line 2: _____

City, State & Postal Code: _____

PeopleSoft Supplier ID: _____

Amount: _____

Description of Payment: (This should include a calculation of sales, of copies sold, costs per copy)

Department Contact
(Name, Email, Phone): _____

Department Head
Approval Signature: _____ Date: _____

Please attach this Royalty and Commission Payment Form along with the Approved Contract and Agreement using the Payment Request Module in PeopleSoft.

See Payment Request Instructions for how to complete in PeopleSoft.