

TRAVIS UNIFIED SCHOOL DISTRICT

2751 DeRonde Drive Fairfield, CA. 94533-9710

PAYROLL DEDUCTION

Travis USD Donation

Employee			
-	(Last Name)	(First)	(Middle Initial)
Social Sec	urity Number (Last 4 Digits)		
I hereby a	uthorize my employer, Travis Unific	ed School District, to d	educt from my
earnings a	a tax deductible donation of \$		to be paid into
Travis Unif	ied School District's general fund.		
Please chec	k one:		
	This is a one time donation for the		payroll cycle.
		(♠Please Enter Month	/Year ↑)
	This is an on-going donation beginn	ning 	
		(↑ Please Enter M	onth/Year ↑)
Date		Signature	
	School Site		

Notice must be in the Business Office by the 10^{th} of the month in which you wish the change to take place.