



Brazos County Sheriff's Deputy Pay Form

This form must be signed and attached to the green PO when submitting for payment

Name of Sheriff's Deputy

Last 4 of Social Security Number

Phone

Email

Mailing Address for the Deputy

City

State

Zip

Campus/Department who Requested Security:

Name of Event where security services were provided:

Date(s) of Service:

No. of Hours/Days Worked:

**** Rates are listed on the Sheriff Deputy Request Form ****

Rate Per Hour:

\$

COST (Rate x # Hours)

\$

ENTER BUDGET CODE OR TRUST AND AGENCY ACCOUNT WHERE SERVICES ARE TO BE PAID FROM BELOW

BUDGET CODE:

XXX-X-XX-XX-XXX-XX-XXX

6299

TRUST AND AGENCY ACCOUNT NAME:

Consultant Pay Statement:

I have rendered the services noted above for College Station Independent School District.

Signature of Police Officer

Date

Signature of College Station ISD Official

Date