TO: PAYROLL DEPARTMENT

FROM: _____

REQUEST FOR PAYMENT

Program: _____
Fund: _____

Resolution Number: _____ **Not To Exceed Amount:**

(Attach a copy of the resolution to this request for payment.)

Participants	Number of Hours		Amount per Hour		Total
Total					

Approved:
Not Approved:

Not To Exceed Balance:

_____
Date

_____
Supervisor Signature

Special Note: _____