PAYROLL VOUCHER

VOUCHER DATE:_____/_____/_____

NAME: _____

Last 4 SOCIAL SECURITY NO: _____

DEPARTMENT: _____ **LOCATION:** **CISCO** _____ **ABILENE** _____

ACCOUNT NO: _____

_____ **ONE-TIME PMT**:_____**RECURRING PMT**:_____

MUST BE ONE-TIME PAYMENT OR RECURRING (NOT BOTH)

***ONE-TIME PAYMENT** $_____

_____ (Hours) X $_____(rate of pay) = $_____**TOTAL PAY**

***RECURRING PAYMENT** $_____

PAYROLL DATES: _____

 # OF PAYMENTS:_____ **TOTAL** $_____

COMMENTS:

AUTHORIZED BY:_____ DATE:_____

APPROVED BY:_____ DATE:_____