Departmental (Manual) Payroll Voucher

The University of Texas at Austin

Page ___ of ___

Date _____ Unit Code _____ Department _____

Account Number _____ Account Title _____
(only one account per voucher)

Description _____ Pay Period From _____ to _____
(Awards; Longevity; Prior Year Salary; etc.) (Dates required for processing)

EID	**Last Name, First Name** (list alphabetically)	**Job Class Code**	**Total Hours** (if applicable)	**Hourly Rate** (if applicable)	**Total Payment**

Total (last page only) _____

I certify that this payroll in the total amount of $_____ is correct; that the employee(s) listed herein are entitled to this payment; that the rates are reasonable and just; and that this voucher is properly chargeable to the account listed above.

Prepared by:_____ Signature: _____
(print name)

Title: _____ Phone#: _____ Date: _____

Approved by: _____ Signature: _____
(print name)

Title: _____ Phone#: _____ Date: _____

Revised 8/2009