Print

Departmental (Manual) Payroll Voucher

The University of Texas at Austin

Reset Form

Date _____ Unit Code _____ Department _____

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

Description _____ Dates From _____ to _____
(Award*; Longevity; Prior Year Salary; etc.)
*Include award name.
(Dates required for processing. List separate months on separate lines below.)

Note: Calculations on this form require that JavaScript be enabled.

EID	Last Name, First Name (list alphabetically)	Job Class Code	Total Hours (if applicable)	Hourly Rate (if applicable)	Total Payment
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00
					0.00

Total 0.00

I certify that this payroll is correct; that the employee(s) listed herein are entitled to this payment; 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: _____