

NAME_				EMP ID #
DATE	HOURS	RATE/HR		EXPLANATION/COMMENTS
TOTAL	x			
	penalties of law	that this claim is	just and correct and	that no part of it has been paid.
Employee Signature:				Date:
Supervisor Signature:				Date:
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PC	UNITS	RATE	***FOR OFFICE USE (	ONLY***  UFARS ACCOUNT CODE
PC	UNITS	NAIE	GNUSS	OFARS ACCOUNT CODE