UTA Payroll Services

8/2022 BF-P-F1
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Departmental Payroll Voucher

Voucher Information

Date Prepared _____ Account Title _____

Cost Center _____ Pay Period from _____ to _____
(dates required for processing)

Description (hourly/overtime) _____

Employee ID	Last Name, First Name (in alphabetical order)	Number of Hours (as a decimal)	Hourly Rate (dollar amt)	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
			Payroll Total	$ 0.00

Certification

I certify that this payroll total in the amount of _____ is correct; that the services herein enumerated have been performed; that the rates are reasonable and just; and that this voucher is properly chargeable to cost center listed in the voucher information section.

Prepared by _____ Signature for Approval _____

Phone # _____ Title _____