Clear Form

Truman State University
Non-Timecard Student Payment

Description/Title of Activity _____

Start Date/End Date _____

Division/Department of Responsibility: FUND_____ ORGN_____ ACCT_____ PROG____

Student Name	Student ID #	Salary/Wage to be Paid	Time Period

(attach additional pages if needed)TOTAL _____ _____

Supervisor's Signature _____ **Date** _____

Division/Department Head Signature _____ **Date** _____

Comments _____

Additional Information _____

Original to Payroll after approved by all required, photocopy to originating division/department