# Departmental Payroll Voucher

**The University of Texas at Austin** **Page ____ of ____**

**Date Vouchered _____Account Title _____**

**Account Number _____Pay Period from _____**

**Description _____ to _____**

**(Hourly, Overtime, Vacation, Professsional Services, Bonus, etc.)**

| Social Security Number | Name (List in Alphabetical Order) | Job Class Code | Number of Hours | Hourly Rate | Total Payment |
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| | | | | Payroll Total (last page only) | |

**I certify that this payroll in the total 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 the account listed above. Payments for periods of time in excess of two (2) weeks must be covered by an appointment form.**

**Prepared by:** _____ **Authorized Signature:** _____

**Date:** _____ **Title:** _____

**Phone:** _____ **Date:** _____ **Phone:** _____

**Please submit one copy on light green and one copy on light yellow paper.**