

The Texas A&M University System

PAGE # _____

Budget/Payroll/Personnel System - Hourly Payroll Preparation Report

VCHR # _____

DATE PAID _____

PERIOD FROM _____

THRU _____

WORK STATION M

PAYSEQ _____

LN NO.	SSN / UIN	NAME (LAST, FIRST, MI)	PART	ACCOUNT	PGM-CODE SUPPORT ACCOUNT	PGM-CODE	ACCOUNTING ANALYSIS	

	PIN	ITER	OBJECT CLASS	TLCD	RATE	REG TIME	OVER TIME	PAY CODE
01	_____	_____	_____	_____	_____	_____	_____	_____
02	_____	_____	_____	_____	_____	_____	_____	_____
03	_____	_____	_____	_____	_____	_____	_____	_____
04	_____	_____	_____	_____	_____	_____	_____	_____
05	_____	_____	_____	_____	_____	_____	_____	_____
06	_____	_____	_____	_____	_____	_____	_____	_____
07	_____	_____	_____	_____	_____	_____	_____	_____
08	_____	_____	_____	_____	_____	_____	_____	_____

PAGE TOTALS

ACCT/ADLOC TOTALS

I CERTIFY THAT I AM ACQUAINTED WITH ALL OF THE EMPLOYEES ON THIS PAYROLL OR THAT I HAVE RECEIVED NECESSARY DETAILS FROM PERSONS PRIVY TO AND TECHNICALLY QUALIFIED TO SUBSTANTIATE EFFORT DISTRIBUTION, AND THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF EACH EMPLOYEE WAS ENTITLED TO THE PAYMENT SHOWN IN THIS VOUCHER AND THAT THE DISTRIBUTION OF PAY BETWEEN DEPARTMENTS, AND PROJECTS IS TRUE, CORRECT AND PROPERLY PRESENTED BY THE PERCENTAGE OF EFFORT INDICATED. EXCEPTIONS ARE INDICATED BY EXPLANATORY NOTE.

DATE

SIGNATURE