

SUFFOLK UNIVERSITY

Payroll Voucher Authorization

DATE: _____

NAME OF EMPLOYEE: _____

ACCOUNT NUMBER / GRANT TO BE CHARGED: _____

TYPE OF SERVICES RENDERED: _____

PERIOD OF EMPLOYMENT: _____

TOTAL HOURS OR DAYS WORKED: _____

RATE PER HOUR OR PER DAY: _____

TOTAL AMOUNT TO BE PAID: _____

***** A W-4 FORM MUST BE SUBMITTED BEFORE PAYMENT IS PROCESSED***
*** ONLY IF AN EMPLOYEE IS NOT A REGULAR EMPLOYEE *****

**REQUEST FOR PAYMENT SHOULD BE SUBMITTED TO
THE BUDGET OFFICE.**

DEPARTMENT SIGNATURE: _____

DEAN SIGNATURE: _____

[Forms without a dean's signature will be returned to the dept.]

V.P./TREASURER'S APPROVAL: _____

BUDGET OFFICE APPROVAL: _____

Payroll Use Only:

Date Paid: _____

Check #: _____