

2009-10 FWS REQUEST FOR REIMBURSEMENT OF WAGES

Department Name: _____

Date: _____

Employee Name

Employee ID (INCLUDE ALL DIGITS)

Pay Period: **0**

Amount: \$.

Pay Period: **0**

Amount: \$.

Pay Period: **0**

Amount: \$.

\$.

Total Reimbursement Request Amount

FUND (INCLUDE ALL DIGITS)

(ATTACH COPY OF HISTORY OF EE PAY WITH THE PAYPERIOD(S) AND AMOUNT(S) HIGHLIGHTED FOR WHICH YOU ARE REQUESTING REIMBURSEMENT)

Program Fin

Department ID

*** THE FOLLOWING MUST BE PROVIDED IF FUND ENDS IN "3":

Project

Activity ID

EMPLOYER CERTIFICATION

- I CERTIFY THAT THE STUDENT HAS A VALID FEDERAL WORK STUDY AWARD AND THE STUDENT HAS EARNED THE WAGES ABOVE THAT ARE BEING REQUESTED FOR REIMBURSEMENT.

AUTHORIZED EMPLOYER (Please print name)

EMAIL

EXTENSION

AUTHORIZED EMPLOYER SIGNATURE

DEPARTMENT BUDGET RECONCILER (Please Print)

THIS FORM MUST BE SUBMITTED EVERY 30 DAYS TO THE OFFICE OF FINANCIAL AID AND SCHOLARSHIPS FOR PROCESSING.

FINANCIAL AID OFFICE USE ONLY: Received Date: _____ Date Processed: _____	
Authorized Award: FALL _____	- Earned to date _____ = Remaining Balance _____
Authorized Award: SPR _____	- Earned to date _____ = Remaining Balance _____
FILE COMPLETE: <input type="checkbox"/> YES <input type="checkbox"/> NO	Initials: _____