	EMPLOYEE NO. PER.		PER. B	BEG. PER. END		END	CHECK DATE	CHECK NO.					
EARNINGS	UNITS	RATES	AMOUNT	DEDUCTIONS	CAFE	AMOUNT	EMPLR. CONT.		Y.T.D. I	r.D. DEDS		LEAVE	
											TYPE	CURRE USED E	NT Y.T.D.
TOTAL													
Y.T.D. GROSS	Y.T.D. TAXA	BLE Y.T.	D. WITHHOLD										
Y.T.D. FICA	Y.T.D. MEDIC	ARE V	//H EXEMPT										
				TOTALS								NET PAY \$	

FOR SECURIT	Y PURPOSES, THE FACE OF	THIS DOCUMENT (CONTAINS A COLORED E	BACKGROUND AND VOID	PANTOGRAPH.
CHECK NO.	EMPLOYEE NO.	DATE	CAMPUS		PAYROLL FUND
PAY					VOID AFTER 90 DAYS AMOUNT
				94E 791	
TO THE ORDER					
OF .	The state of the s				Me Comment of the Com

		L OVEE NA												
EMPLOYEE NAME							EMPLOYEE NO. PER. BEG		EG. F	PER. END	CHECK DATE	CHECK N	CHECK NO.	
EARNINGS	UNITS	RATES	AMOUNT	DEDUCTIONS	CAFE	AMOUNT	EMPLR	. CONT.	Y.T.D. DEI	os	LEAV	Ε		
										TYPE	CURR		.D.	
											USED	BAL. USE	ED	
TOTAL														
Y.T.D. GROSS	Y.T.D. TAXA	BLE Y.T.L	. WITHHOLD											
Y.T.D. FICA	Y.T.D. MEDIC	CARE V	//H EXEMPT								NET PAY \$			
				TOTALS							INE I FAY \$			