

SAMPLE

ASSOCIATE INSTRUCTOR PAYMENT REQUEST

MISSISSIPPI STATE FIRE ACADEMY
ASSOCIATE INSTRUCTOR (CONTRACT WORKER)
INSTRUCTIONAL FEE PAYMENT REQUEST

Date Submitted: 1/15/2009 SSN#: 000 -- 00 -- 0000

Associate Instructor Full Name: John Q. Public

Mailing Address: 123 Main St

City: Brandon State: MS Zip: 39042

Daytime Phone: 000-000-0000 Is this a change of address? N

Table with 5 columns: DATE Worked, Work Hours FROM, Work Hours TO, Lunch Period From/To, Total Hours Worked Per Day. Rows include dates 01/01/2009, 01/02/2009, 01/03/2009 with corresponding work hours and total hours.

TOTAL HOURS WORKED: 13 Hours @ \$15.00 / hour = \$ 195.00

COURSE NAME: Automobile ExtriCTION COURSE ID #: 014

COURSE COUNTY: Clay County

WERE TRAVEL EXPENSES INCURRED WITH THIS INSTRUCTION? Yes
(Off-Campus Courses Only: IF TRAVEL EXPENSES INCURRED, PLEASE COMPLETE TRAVEL EXPENSE FORM.)

I CERTIFY THE ABOVE TIME WORKED AND/OR TRAVEL EXPENSES INCURRED ARE TRUE AND ACCURATE AND I HAVE NOT BEEN PAID FOR SUCH:

ASSOCIATES SIGNATURE: SIGN FORM DATE

Academy Division Authorization:
Approved by staff member: DATE:

Accounting :WIN#: Pay Date: Travel:
Accounting staff signature: DATE: