

# Special Event Payroll Form

Event \_\_\_\_\_

Club Name \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Location \_\_\_\_\_

\_\_\_\_\_

Campus Contact Person \_\_\_\_\_

Phone # \_\_\_\_\_

## Supplemental Salary

Name	Staff ID	Date	# Hrs	Rate	Total

Reimbursement Total	
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Verified By \_\_\_\_\_

Print Name \_\_\_\_\_

Approved By \_\_\_\_\_

For Payroll Use Only		
Paydate	Monthly	BiWeekly