

## OFF-CAMPUS TUTOR BILLING STATEMENT (100% Reimbursement)

Name of Agency: \_\_\_\_\_ Pay Period: \_\_\_\_\_ / \_\_\_\_\_  
(MM/DD/YY) (MM/DD/YY)

Physical Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of Each FWS Employee <i>(Alphabetical by Last Name)</i>	UT EID	# Hours Worked	Rate per Hour	Gross Pay
<b>TOTAL:</b>				

**The above named agency requests reimbursement in the amount of \$ \_\_\_\_\_ (total of Gross Pay column above) for work performed under The University of Texas at Austin FWS Program. I certify this *Billing Statement* accurately reflects the payroll period above and that the hours above are true to the enclosed *Work-Study Timesheets*.**

Preparer's Name/Title: \_\_\_\_\_ / \_\_\_\_\_

Preparer's Phone/Email: \_\_\_\_\_ / \_\_\_\_\_

Preparer's Signature/Date: \_\_\_\_\_ / \_\_\_\_\_

**Enclosures:**

## Work-Study Timesheets

Photocopy of Each Paystub

Paycheck Receipt Forms (if Paystub does not reflect check is direct deposited)