



# Off-Campus Billing Statement

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Pay Period (MM/DD/YYYY – MM/DD/YYYY)

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

\_\_\_\_\_  
City, State

\_\_\_\_\_  
ZIP

\_\_\_\_\_  
Mailing Address (if different)

\_\_\_\_\_  
City, State

\_\_\_\_\_  
ZIP

Name of Each FWS Employee (alphabetical by last name)	UT EID	# Hours Worked	Rate per Hour	Gross Pay	70% Pay
<b>Total:</b>					

The above named agency requests reimbursement in the amount of \$ \_\_\_\_\_ (total of 70% Pay column above) for work performed under The University of Texas at Austin Federal Work-Study 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 Email

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Preparer's Signature

\_\_\_\_\_  
Date

**Enclosures:**

- Work-Study Timesheets
- Photocopy of Each Paystub
- Paycheck Receipt Form (if Paystub does not reflect check is direct deposited)

Submit via email to [Incomin.atyitmjnp8c25g3j@u.box.com](mailto:Incomin.atyitmjnp8c25g3j@u.box.com)