



Off-Campus Tutor Billing Statement (100% Reimbursement)

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
Total:				

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 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