

PAYROLL AUTHORIZATION FORM

Agency Code:

SFTP File Name:

Date:

Pay Period End Date:

Beginning Employee ID:

Ending Employee ID:

Total Dollars:

By submitting this authorization you are certifying (Idaho Code 67-2012):

- Authority from the head of the institution to certify.
- All requests for the reimbursement of payroll costs are true, just, and rendered as charged.
- The rate of pay of each individual carried thereon has been lawfully fixed by proper authority and that the account is correct and just.

Authorized Signature

(Per Idaho Code 67-2012)