

State of Idaho
 State Controller's Office
 Division of Statewide Payroll

**UNIVERSITY
 PAYROLL AUTHORIZATION FORM**

Agency Code _____

 Pay Period Number

 Pay Period End Date

 Beginning Batch Number

 Ending Batch Number

 Number of Employees

Total Gross Dollars

 Total Local Gross Dollars

 Total State Gross Dollars

 Total Local Benefits

 Total State Benefits

Local Taxable Fringe Benefits	
MOV	
MTF	
MTP	
TFB	
TFP	
TXL	
TOTAL	

State Taxable Fringe Benefits	
MOV	
MTF	
MTP	
TFB	
TFP	
TXL	
TOTAL	

 Completed By

 *Authorized Signature

Per Idaho Code 67-2012

**Fax to Division of Statewide Payroll
 208-334-3338**

*Authorized signature must be an IPOPS Payroll Signer.