

COUNTY HIGHWAY PAYROLL SCHEDULE

TOTAL NUMBER OF REGULAR HOURS _____ FOR PERIOD BEGINNING _____, 19____ AND ENDING _____, 19____

COUNTY, INDIANA

[illegible]

STATE OF INDIANA, COUNTY, SS:

- I, _____
Name

Name _____

Title

Basic Pay

and has by me been approved.

Date 19

(Signature)

(Official Title)

I have examined the within claim and hereby certify
as follows:

That it is in proper form.

That it is duly authenticated as required by law.

That it is based upon - { contract.
statutory authority.

That it is apparently - { correct.
incorrect.

County Auditor

CLAIM NO.

Warrant No. _____ to _____
(Inclusive)

PAY ROLL OF

COUNTY HIGHWAY DEPARTMENT

(Fund)

Total Gross Pay \$

DEDUCTIONS

Federal W/H Tax \$

Social Security Tax

Medicare Tax

State W/H Tax

Insurance

Net Amount of Warrants \$

Allowed 19

In the Sum of \$

(Board of County Commissioners)

[illegible]

FILED

County Auditor