

**TEXAS TECH
PAYMENT AUTHORIZATION
AWARD COMPENSATION**

AWD

03 053965

Account Number

Account Name

SSN	NAME	JOB TITLE	EMPLOYING DEPT.	AWARD AMOUNT
TOTAL				

Award Name

Award Date
(this authorization must be received in the Payroll Department 30 days prior to this date.)

I hereby certify that this payroll is just, due, correct, and unpaid; that the persons listed above have complied with all statutory or other requirements in order to satisfy the payment of this claim, and the provisions of the Appropriation Act (if applicable), and are eligible to receive this compensation; that none of the employees on this payroll are receiving salary or compensation as an agent, or officer or appointee who holds at the same time any other office or position of honor, trust, or profit, under this State of the United States, except as prescribed in the State Constitution; that none of the employees in said payroll are related, within the third degree of consanguinity or the second degree of affinity to the head of the department or any official, employee/agent thereof who has the appointive power, in whole or in part, to make such appointment.

RECOMMENDED FOR APPROVAL:

Account Manager Signature Date

APPROVED:

Vice President Signature Date

DISTRIBUTE
CHECK TO: _____ PHONE _____

PREPARED BY: _____ PHONE _____