TEXAS TECH
PAYMENT AUTHORIZATION
TAXABLE EMPLOYEE COMPENSATION

_____	*$0.00* _____
Name	Total Amount
_____	_____
Social Security or TechID Number	Account
_____	_____
Department	Account Name

MARK TYPE OF PAYMENT

ITEM		SOBJ	EARNINGS TYPE
☐ Taxable Moving Expense	Amount_____	053966	MOV
Date of Move_____			
☐ Other Taxable Benefits	Amount_____	053964	OTB
Period From _____ through _____			

Purpose:

DOCUMENTATION MUST BE ATTACHED

I hereby certify that this payment is just, due, correct and unpaid; that the person listed has complied with all statutory requirements covering the payment of this claim, and the provisions or the Appropriations Act, and is eligible to receive this compensation and that the employee on this payroll is not receiving salary or compensation as agent, or officer or appointee who holds at the same time any other office or position of honor, trust, or profit, under this State or United States, except as prescribed in the State Constitution; that the employee of said payroll is not related, within the third degree of consanguinity or the second degree affinity to head of the department who has appointive power in whole, or in part, to make such appointment.

APPROVALS:

_____ / _____		
Chair - Account Manager	Signature	Date
_____ / _____		
Regional Dean (if applicable)	Signature	Date
_____ / _____		
Dean or Vice President	Signature	Date
_____ / _____		
Accounting Services	Signature	Date
_____ / _____		
Tax Accountant	Signature	Date