

## Memorandum

Date: To:	Payroll Office										
From:	r dyron omeo		Principal Investigator								
Re:	Pay Distribution & Authorization to Pay										
Project #:											
Grant Name:											
This memo serv	es as authorizat	ion to pay the fo	llowina empla	ovee(s):							
				\				(Pay	roll Offi	ce Use	Only)
Name		Empl ID	Amount	Work Begin Date	Work End Date	Number of Pays	First Pmt to Begin Date	PS	CA		Excel
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*Please Note - A	DI cannot auth	orize his/her ow	n nav it must	he annrove	d by thair o	supervisor o	or Dean				
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For Administration	ve Use Only:										
Signature of Prir	ncipal Investigat	or/Date									
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Approved by FG	iMO/Date _										