

HARD CASH

Peer Tutor

Attach to time card BELOW your name.
Staple Here

Legal Name of Employee Cracker Graham
Last First

Department Student Development Center

MSU NAID # or Social Security #: (REQUIRED) 0070001

Total hours worked 4 hrs

Pay Period October 1, 2007 to October 15, 2007

Hourly wage other than MSU minimum wage \$ _____

Business Office _____ hrs. _____ min.

FAO _____ \$ _____

I certify that I have performed the work as indicated above.

Signature of Student (optional)

I certify that the above named student performed the work reported above in a satisfactory manner.

Signature of Supervisor

Account fund number (REQUIRED) 31301

Dept. 5000

Any person who knowingly makes a false statement or misrepresentation on this form shall be subject to a fine of not more than \$10,000 or to imprisonment for not more than 5 years, or both, under provision of the United States Criminal Code.

SAMPLE