

Invoice #: _____
Invoice date: _____

Company Name:
Street Address:

TO:
Attn: Work Study
Office of Financial Aid, Scholarships, & Veteran Benefits
The University of Texas at Arlington
701 S. Nedderman Dr., 252 Davis Hall, Box 19199
Arlington, TX 76019-0199
Tel: 817-272-6879

Payroll Period: _____ - _____
(MM/DD/YY) / (MM/DD/YY)

| Student ID | Student Name | Student Position Title | Total # of Hours Worked | Hourly Rate | Gross Pay | Pay minus taxes | Reimbursement (75%) |
|------------|--------------|------------------------|-------------------------|-------------|-----------|-----------------|---------------------|
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TOTAL DUE

The above named agency hereby requests reimbursement in the amount of \$_____ (total of Reimbursement Amount column(75% above) for work performed under The University of Texas at Arlington WS Program. I certify this invoice accurately reflects the payroll period above and that the hours above are true to the enclosed Work-Study Timesheets.

Preparer's Name/Title: _____

Preparer's Phone/email: _____

Preparer's Signature/Date: _____

If you have any questions concerning this invoice, contact: offcampusworkstudy@uta.edu.