TOWN OF TOLLAND

Payroll Request

To the Accounting Officer:
The following payroll of the _____ Department has been approved for payment and you are requested to place them on a warrant for processing.

Week Ending: _____ **Departments Head Signature**:_____

Date	Employee's Name	Account Number	Hourly Rate	Hours Worked	Total Amount

Total of Payroll : _____

Form: PayrollRequest