# 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