



Federal Work-Study Program

Invoice - Community Service Payroll Reimbursement

Remit Payment To:
Site/Agency _____
Address _____
City, State ZIP _____

Invoice Number _____
Invoice Date _____

Student Name _____

Student WIN _____

Pay Period Dates _____

Paycheck Date _____

	DATE	TIME BEGAN	TIME ENDED	TIME BEGAN	TIME ENDED	DAILY TOTAL
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

	DATE	TIME BEGAN	TIME ENDED	TIME BEGAN	TIME ENDED	DAILY TOTAL
MONDAY						
TUESDAY						
WEDNESDAY						
THURSDAY						
FRIDAY						
SATURDAY						
SUNDAY						

By signing and dating below, I certify that this time report is an accurate and complete record of the time worked by the employee and that the employee received payment from the site/agency as indicated above.

 EMPLOYEE'S SIGNATURE DATE

 APPROVED BY: SITE SUPERVISOR DATE

Total hours worked	
Hourly rate	
Total gross wages	
Less: site/agency contribution (25% of gross wages)	
Due from WMU (75% of gross wages)	

Reimbursement requests should be updated on a daily basis, and must be submitted to the University at least monthly (bi-weekly submission is requested).

Reimbursement requests should include only hours worked. Lunch hours, commute time, etc., are not eligible for payment under the work-study program.

This completed form must be received by WMU Student Financial Aid with the appropriate signatures before reimbursement will be processed by the University. A copy of the employee pay stub or internal payroll documentation showing payment of hours worked must also be included.

Please return completed form to: WMU Student Financial Aid
 1903 West Michigan Avenue
 Kalamazoo, MI 49008-5337
 sfas-fundmgmt@wmich.edu

Please direct questions to the Work-Study Coordinator at (269) 387-6752.