

State Reimbursement / Pay Deduction Authorization

State of Maine/OSC
14 State House Station
Augusta, Maine
04333-0014
Phone: 207-626-8420
Fax: 207-626-8453
www.maine.gov/osc

EMPLOYEE NAME:

MSTAMS-ID / IDENTIFIER:

DEPARTMENT/AGENCY:

ACCOUNT CODING: ***Coding from original transaction*

AMOUNT:

BI-WEEKLY DEDUCTION AMOUNT -
PLAN FOR REPAYMENT

PAYEE: STATE OF MAINE

REASON FOR DEDUCTION:

AUTHORIZED REQUESTOR SIGNATURE:

PHONE NUMBER:

DATE: