

DO NOT STAPLE

GAX 08C

OSC to Complete this Section

TO:
 State Of Maine
 Office of the State Controller
 Payroll Division
 Fax 626-8453

2	0		
YEAR			

SAL				
SUP				
PAY	DOC #			

OSC - Payroll

OSC - Data Entry

- Pick up in OSC-Payroll
- Mail to employee

OSC	Disb. Category	REG	Disb. Format		
98	Disb. Priority	Y	Single Payment	AP18	Event Type

For Office of the State Controller's Use - Do not write above this line.

Agency to Complete from here Down

Accounting Code:

AMOUNT: \$

FUND		

DEPARTMENT		

8			
UNIT			

0	0	9	3
B/S ACT			

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- Advance Payment Check (SAL)
- Supplemental Check (SUP)
- Replacement Check (PAY)

Please issue a check to the individual named below.

Employee Name:

Vendor Code (VC#):

Street/PO

SSN:

City/State/Zip

Notes:

Processing Company Name:

Number:

Authorizing Official:

Phone No.:

Reason for Request:

I hereby request an Accounts Payable supplemental paycheck as soon as possible.

I understand that this amount will be deducted from my regular paycheck on: (date)

Authorized Signature

DATE:

Please forward ORIGINAL to The Office of the State Controller - Payroll Division.
Retain one copy at Agency/Department level.