

MINNESOTA STATE ASSOCIATION OF LETTER CARRIERS

PAYROLL REPORT ONLY

Period ending _____

PAYROLL

DATE	EXPLANATION / DESCRIPTION	HOURS	RATE	GROSS PAY
TOTAL GROSS PAY				

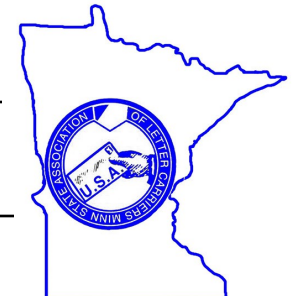
MAIL MY CHECK TO:

Signature of **CLAIMANT** _____

Presidential Approval _____

E-Board Chair Approval _____

Draft _____ Warrant _____



Revised August, 2023