

MINNESOTA STATE ASSOCIATION OF LETTER CARRIERS

PAYROLL REPORT

Period Ending _____

PAYROLL

DATE	EXPLANATION / DESCRIPTION	HOURS	RATE	GROSS PAY
ATTACH ADDITIONAL EXPLANATION SHEET, if needed			TOTAL GROSS PAY	

MAIL MY CHECK TO:

Revised
September, 2021

Signature of CLAIMANT _____

Presidential Approval _____

Executive Board Chair Approval _____

Draft _____

Warrant _____

