

Invoice #: \_\_\_\_\_  
Invoice date: \_\_\_\_\_

**Company Name:**  
**Street Address:**

**TO:**  
Attn: Work Study  
Office of Financial Aid, Scholarships, & Veteran Benefits  
The University of Texas at Arlington  
701 S. Nedderman Dr., 252 Davis Hall, Box 19199  
Arlington, TX 76019-0199  
Tel: 817-272-6879

Payroll Period: \_\_\_\_\_ - \_\_\_\_\_  
(MM/DD/YY) / (MM/DD/YY)

Student ID	Student Name	Student Position Title	Total # of Hours Worked	Hourly Rate	Gross Pay	Pay minus taxes	Reimbursement (50%)

**TOTAL DUE**

The above named agency hereby requests reimbursement in the amount of \$\_\_\_\_\_ (Reimbursement Amount column (50%) above) for work performed under The University of Texas at Arlington WS Program. I certify this invoice accurately reflects the payroll period above and that the hours above are true to the enclosed Work-Study Timesheets.

Preparer's Name/Title: \_\_\_\_\_

Preparer's Phone/email: \_\_\_\_\_

Preparer's Signature/Date: \_\_\_\_\_

If you have any questions concerning this invoice, contact: [offcampusworkstudy@uta.edu](mailto:offcampusworkstudy@uta.edu).