

TOWSON UNIVERSITY
FACULTY/CONTINGENT FLAT RATE PAYMENTS

SS#or EMPL# _____ Department Name _____

	Dollar Amount	Payroll #	Dollar Amount	Payroll #	Dollar Amount
01		10		19	
02		11		20	
03		12		21	
04		13		22	
05		14		23	
				25	
08		17		26	
		18			

TOTAL	
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Assignment Description _____

Authorized Signature

Tel # _____

