



STATE OF WISCONSIN
 2020 W. WELLS ST.
 MILWAUKEE, WISCONSIN 53233
 888-800-5599

IRIS

U.S. BANK MILWAUKEE, N.A.

12-1
750

DATE

PAYROLL CHECK
NO. 42651

PAY EXACTLY DOLLARS AND CENTS

PAY THIS AMOUNT

VOID 180 DAYS AFTER ISSUANCE

 AUTHORIZED SIGNATURE

⑈042651⑈ ⑆07500022⑆

PARTICIPANT:
 (c/o MCFI FSA)

STATEMENT OF EARNINGS AND DEDUCTIONS. DETACH AND RETAIN FOR YOUR RECORDS

NAME			EMPL. NO.	DEPT. NO.	PERIOD ENDING	DATE PAID	CHECK NO.
CURRENT		YEAR TO DATE			DEDUCTIONS	CURRENT	YEAR-TO-DATE
EARNINGS	HOURS	GROSS	HOURS	GROSS			
YOU EARNED AND WE PAID THESE TOTAL GROSS EARNINGS					TOTAL DEDUCTIONS		
							NET PAY

EMPLOYEE _____

EMPLOYEE TIME REPORT

EMPLOYEE NUMBER _____

MONTH OF SERVICE _____ YEAR _____

Date Worked	# of Hours to be Paid	# of Days to be Paid	Service Type
1st			
2nd			
3rd			
4th			
5th			
6th			
7th			
8th			
9th			
10th			
11th			
12th			
13th			
14th			
15th			
TOTALS			
PAID MILEAGE			

Date Worked	# of Hours to be Paid	# of Days to be Paid	Service Type
16th			
17th			
18th			
19th			
20th			
21st			
22nd			
23rd			
24th			
25th			
26th			
27th			
28th			
29th			
30th			
31st			
TOTALS			
PAID MILEAGE			

PARTICIPANT'S NAME AND ADDRESS _____

I (WE) CERTIFY THAT THE INFORMATION PROVIDED ON THIS FORM IS A TRUE AND ACCURATE STATEMENT OF THE SERVICES PROVIDED. I (WE) UNDERSTAND THAT PAYMENT FOR SERVICES PROVIDED ARE SUBJECT TO PAYROLL TAXES.

*TIMESHEETS ARE DUE IMMEDIATELY FOLLOWING THE PAY PERIOD END.

Employee's Signature _____	Date _____
Participant's or Representative's Signature _____	Date _____

Mail this time report, in the envelope provided to:

MCFI FSA
 2020 W. WELLS STREET
 MILWAUKEE, WI 53233
 OR FAX TO: 414-937-2037

Please call MCFI FSA at (414) 937-2175 with any questions on how to complete this form.