



Testing Center

Pay Authorization

Name _____ S# _____
PRINT Last First

Testing Center 125700 Other _____

Proctoring

Date(s)	Description	Hours

Total Hours _____ x **Testing Rate \$** _____ = **Total Proctoring \$** _____

Other

Date(s)	Description	Hours

Total Hours _____ x **Hourly Rate \$** _____ = **Total Instruction \$** _____

Total Amount Due \$ _____

Payee Signature _____ Date _____

Cost Center Administrator _____ Date _____