

Duke University Student Employment Reimbursement Voucher

Name of Organization: _____

Address: _____

Students Name	SSN	No. of Hours	Rate per Hour	Gross Wages	Deductions	Net Wages
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Total Gross Earnings _____

% of Reimbursement (50% or 75%) _____

Amount of Reimbursement _____

*Reminder: Students must be paid at least once a month. All reimbursement forms must be returned to our office by June 15.

**Duke University
Student Employment Office
Off-Campus Student Employment
Payroll Receipt Form**

Name of Organization: _____

Address: _____

Check Number	Net Pay	Date Received	Student's Name
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Return this form with your Duke University Reimbursement Voucher and copies of the student's time sheets to:

Duke University
Student Employment Office
PO
Box 90397
Durham, NC 27708-0397

