Pay Receipt Confirmation Letter

Site Name/Center Name:

_____

Date: _____

Employee Name: _____

Rate of Pay: _____

Total Hours Worked: _____

Hours Worked on CACFP Operation : _____

Pay Frequency (Circle One): Weekly Bi-weekly Monthly

Method of Pay: Money Order #: _____ Cash_____ Check #:_____

Reimbursement Information:

Amount of Reimbursement/Pay: _____

Reason of Reimbursement: _____

Employee Please Sign Next to the Following Line:

_____ I, the employee, am confirming and certifying that I have received the following amount stated above via the method above. I am also confirming that I am retaining

Receipt For Reimbursement Provided: Yes _____ No _____

Employee Signature: _____. Date: _____

Signature of Supervisor: _____. Date: _____

Per Texas Department Of Agriculture Centers Handbook Section
7470 Documentation Requirements. Additional Documentation Can be requested by Sponsor, USDA, or TDA representative.