

FI 15  
07/2022  
Division of Finance



Send completed form to:  
DGO/Finance - Attention:  
Payroll P.O. Box 141031  
Salt Lake City, Utah 84114-1031  
Email: payroll@utah.gov

Questions: (801) 957-7770

\*EIN:  
\*Name:  
Address:  
City:  
Zip Code:  
\*Dept / Unit:  
State:  
Employee Phone:

## PAYROLL WARRANT REQUEST

\*Dept Name: \_\_\_\_\_ \*Division: \_\_\_\_\_ \*Pay Period: \_\_\_\_\_ MM/DD/YYYY

Unit: \_\_\_\_\_ Distribution Code: \_\_\_\_\_ Prepared By: \_\_\_\_\_ Date: \_\_\_\_\_ MM/DD/YYYY

Hours Description	Hours	Hourly Rate	Amount
Regular			
Overtime			
Annual			
Comp			
Converted Sick			
Excess			
Holiday			
Sick			
Other			
<b>Total Hourly Pay</b>			

Other Pay Description	Amount
Annual Payout	
Converted Sick Payout	
Sick Payout	
Other Pay: (List)	
<b>Total Other Pay</b>	
<b>Gross Pay</b>	

**DISBURSEMENT OF WARRANT:** MAIL CHECK - DATE MAILED:  
MAIL CHECK IN ATTACHED ENVELOPE - DATE MAILED:  
CHECK WILL BE PICKED UP

**WHEN WARRANT IS READY CALL:** \_\_\_\_\_ PHONE# \_\_\_\_\_

**Please explain why this payroll warrant is necessary:**

I hereby certify that the amounts on this form are due and payable to the employee identified herein. \*Fields Required to Submit Form

**Name of Authorized Signer:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**\*Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_ **\*Submitted Date:** \_\_\_\_\_

**Completed by Disbursements**

Warrant: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_ Received by: \_\_\_\_\_ Signature Required