

**Wartburg College
Student Employment
Honor Card**

For the month of _____

Please submit to the Director of Undergraduate Research by the last working day of each month for payment the following month.

Name _____ ID# _____

Department/Account: Undergraduate Research 00-028-700-0000

Monthly Payment _____

I hereby certify that this payment is in recognition of the satisfactory completion of expected services for this period.

Student Signature: _____ Date: _____

Supervisor Name: _____ Date: _____
(Please print)

Supervisor Signature: _____

Director of Undergraduate
Research Signature: _____ Date: _____

REMEMBER: This form must be submitted each month in order for payment to be made to the student.

<p>CONTROLLER'S OFFICE USE ONLY-Honor Payroll</p> <p>Received Date: _____</p> <p>Approved By: _____</p>
