PAYMENT AUTHORIZATION FOR WORK TO BE PAID FOR BY CSM

(To be executed after completion of work.)

Dates/hours worked: _____

Fund number: _____ _____ _____
FUND MANAGER'S SIGNATURE DEPARTMENT

Amount of payment is based on CSM contract in place at the time the work was performed.

Please submit this copy with original signatures to Human Resources. Please attach your original form requesting to engage in additional work.