

PR #/WD: \_\_\_\_\_

## Certification for Compensation (Meals)

I certify that, on the date(s) and during the hours indicated below, I was required to work overtime for which I am now claiming compensation in accordance with \_\_\_\_\_ (section/article) of the Agreement for BU No. \_\_\_\_\_ (indicate BU Code), or DHRD's Rules and Regulations \_\_\_\_\_ (check here, if applicable).

<u>Type of Payment</u>	<u>Date/Time Worked</u>	<u>Amount</u>
Breakfast	_____	\$ _____
Lunch	_____	\$ _____
Dinner	_____	\$ _____
TOTAL (M):		\$ _____

\_\_\_\_\_  
Print/Type Employee Name                      UH Employee ID #                      KFS Account Code

\_\_\_\_\_  
Employee Signature    Date

\_\_\_\_\_  
Authorized Department Signature    Date

\_\_\_\_\_  
Fiscal Administrator Signature    Date