

DVM
Payroll Coversheet

Today's Date: _____ Client #: _____

Client Name: _____

Client Contact: _____

Check Date: _____

Period Ending Date: _____

***Number of Pages:** _____
(including coversheet)

***All Regular Hours:** _____ ***All Overtime Hours:** _____

***MANUALLY ENTERED ADJUSTMENTS:**

Type: _____ Amount: _____

Type: _____ Amount: _____

Type: _____ Amount: _____

Type: _____ Amount: _____

Type: _____ Amount: _____

***Number of Checks:** _____

Special Instructions: _____

-Please make sure to notify DVM of any changes to W-4 withholdings, address changes, health insurance deduction changes or additions, new or terminated employees, etc.

Payroll must be received by 12:00pm to be processed that day.

Fax to (949) 315-3812 Attn: Joe Manfro

***REQUIRED INFORMATION**