The Commonwealth of Massachusetts

A. D. Form 16

# TOWN OF ASHBY
# FY 2009
# PAYROLL OF THE _____

For the pay period ending - _____

| NAME | Time | | Rate | Amount | Check Number | Employee Signature |
|---|---|---|---|---|---|---|
| | Date | Hours | | | | |
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| Total | | 0.00 | | 0.00 | | |

Approved for $ - 

Paid by Check No.

Departmental Approval

*Work Supervisor*

*Budget Approval*

Accounting Approval

*Accounting Officer*