



Fax Payroll Coversheet

To (Payroll Service Rep.): _____

Client Number & Name: _____

Client Contact: _____

Check Date: _____

Period End Date: _____

Number of Attached Pages: _____

Next Call or Fax Date: _____

Control Totals

Regular Hours: _____

Overtime Hours _____

Tips: _____

Other Totals

Type: _____ Amount: _____

Type: _____ Amount: _____

Type: _____ Amount: _____

Number of Checks: _____

Delivery Method: _____

Special Instructions: _____

**Remember to fax payrolls by 1pm Monday through Friday
(in order to ensure processing that day and delivery the following day)**

Your Service Bureau fax number: (513) 729-8463