

## **TOWN OF FREETOWN**

## **PAYROLL SUMMARY SHEET**

**DEPARTMENT NAME:** 

Week Ending	Account Name	Account #/Reference #	Amount Paid	Adjustments
ALL PAYROLLS SUBMITTED MUST HAVE ACCOUNT NUMBER & SIGNATURES ON THEM.				
		Total:		
I/We hereby certify under penalty of perjury that the statements set forth in this payroll are true, to the best of my knowledge and belief.				
			-	
*The accounting department may make downward adjustments due to verifying amounts/balances due.		Signature of Department Head/Board**		_
		Date		

Date

\*\*Requires the department head or a majority of board/committee members signatures unless other authorization arrangements have been filed with the Town Accountant's office.