

**TOWSON UNIVERSITY
FACULTY/CONTINGENT FLAT RATE PAYMENTS**

SS# or EMPL# _____ **Department Name** _____

DATE/SEMESTER

NAME _____ **Dept Funding or Grant #** _____

REGULAR _____
CONTINGENT _____

Payroll #	Dollar Amount	Payroll #	Dollar Amount	Payroll #	Dollar Amount
01		10		19	
02		11		20	
03		12		21	
04		13		22	
05		14		23	
06		15		24	
07		16		25	
08		17		26	
09		18			

TOTAL	
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Courses/Assignments _____

Authorized Signature