



To: Payroll
 CC: Controller and Accounts Receivable Billing Specialist
 RE: Gratuity Paid Out

GROUP NAME:	
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I, _____, approve \$ _____ in gratuity.
 The breakdown of the gratuity should be as follows:

ASSOCIATE NAME:	TIP AMOUNT \$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL:	\$

GROUP SIGNATURE:		Date:
DIRECTOR OF FINANCE:		Date:
PAYROLL:		Date: