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POSITION PERFORMED		
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	ASF Comm Brevard Daytona Elections  Executive _X Judicial Knightcast Legislative	
PAYMENT INFORMATION		
Begin: End: 7/23/10 -8/05/10	\$ 300 Full Half LWP (%) (0)	
Rationale/Justification for decrease in pay:	old not work during	
Rationale/Justification for decrease in pay: Did not Work during the Spay Penod.  Individual's initials who is authorizing the decrease:		
Payee:  I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor:  1 certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.	
SG President:  I cerify that the SGA official shown above is due payment and has complied with all pay regulations.	SG Advisor:  I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.	



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POSITION PERFORMED	
	ASF Comm Brevard Daytona Elections  Executive _X _ Judicial Knightcast Legislative
PAYMENT INFORMATION	
Begin: End: 7 23 10 8 05 10	\$ $\frac{1}{300}$ Full Half $\frac{1}{(\frac{1}{2})}$ LWP $\frac{1}{(0)}$
Rationale/Justification for decrease in pay.	uly vonded 1/2 pay
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Payee:  I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor:  Therify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.
SG President: Certify that the SGA official shown above I dup payment and has complied with all pay regulations.	SG Advisor:  I certify that the Payer is authorized phold a leady ship position and served on behalf of the Student Body at the University of Central Florida, and that this/document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



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POSITION PERFORMED	
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PAYMENT INFORMATION	
Begin: <b>07/23/10</b> End: <b>08/05/10</b>	\$ 35 Full Half LWP (All) (1/2) (0)
Rationale/Justification for decrease in pay:	
Individual's initials who is authorizing the deci	rease:
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Payee:  I certify that have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor:  Lettify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.
SG President:    Certify that the SQA official shown above is due payment and has complied with all pay regulations.	SG Advisor:  Pertify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



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Begin: End: 8/05/10	(All) (½) (0)
Rationale/Justification for decrease in pay:	old not during this
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Individual's initials who is authorizing the deci	rease:
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Payee:  I certify that I have complied with all pay regulations and fulfilled all job	Supervisor: [1] I centify that the SGA official shown is due payment and has complied
responsibilities and should be paid the amount indicated.	with all pay regulations and fulfilled all job responsibilities for amount indicated.
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SG President:	SG Advisor:
certify that the SGA official show above is due payment and has complied with all pay regulations.	I sertify that the Payee's authorized to hold a leadership position and served on behalf of the Budent Body at the University of Central Florida, and that his document has been submitted and completed in



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PAYMENT INFORMATION	
Begin: End: って/ ac ちんのらー	\$ 550 Full Half LWP (1/2) (0)
Rationale/Justification for decrease in pay:	
Individual's initials who is authorizing the dec	rease:
Payee:  I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor:    Certificate the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.
SG President  T certify that the SGA official shown above is due payment and has complied with all pay regulations.	SG Advisor:  I certify that the Pake is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida



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PAYMENT INFORMATION	
Begin: End: 7123110 8108110	\$ 300. Full Half LWP (1/2) (0)
Rationale/Justification for decrease in pay:	
Individual's initials who is authorizing the decr	rease:
Payee:  I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor:  I certify that the SQA official shown is due payment and has complied with the pay regulations and fulfilled all job responsibilities for amount indicated.
SG President:  Mertify that the SQA official shown above is one payment and has complied with all pay regulations.	SG Advisor:  I certify that the Payee is futhorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



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PAYMENT INFORMATION	
Begin: End: 7/23/10 8/05/10	\$ 250. Full Half LWP (0)
Rationale/Justification for decrease in pay:	
ndividual's initials who is authorizing the decr	rease:
Payee:  I come may make complied with all pay regulations and fulfilled an job responsibilities and should be paid the amount indicated.	Supervisor:  I cently that the SQL official shown is due payment and has complied with all payregulations and fulfilled all job responsibilities for amount indicated.
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POSITION PERFORMED	
Job Title	Branch/Unit
	ASF Comm Brevard Daytona Elections
	Executive Legislative
PAYMENT INFORMATION	
Pay Period	Payment Amount
Begin: End:	Full Half LWP (½) (0)
Rationale/Justification for decrease in pay:	
Individual's initials who is authorizing the	decrease:
AUTHOR	WARDSICENATURES
Payce:	Supervisor
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SG President:	SG Advisor:
I fertify that the SGA difficial shown above is out payment and has complied with all pay regulations.	I certify that the Payee is abthorized to hold a leadership position and served on behalf of the gludent Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University
	and the State of Florida



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POSITION PERFORMED	
	ASF Comm Brevard Daytona Elections  Executive _X Judicial Knightcast Legislative
PAYMENT INFORMATION	
Begin: <b>07/23/10</b> End: <b>08/05/10</b>	\$ 500 $\left(\begin{array}{cc} \text{Full} \\ \text{(All)} \end{array}\right)$ Half $\left(\begin{array}{cc} \text{LWP} \\ \text{(0)} \end{array}\right)$
Rationale/Justification for decrease in pay:	
Individual's initials who is authorizing the dec	rease:
Payee:  I can pare the complet with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor:  Certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount
SG President:  I certify that the SGA official shown above is the payment and has complied with all pay regulations.	SG Advisor:  I certify that the Payer is althorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



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PAYMENT INFORMATION	
Begin: End: 7/23/10 8/05/10	\$ 200. Full Half (½) (WP) (0)
Rationale/Justification for decrease in pay:	is not work this
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Individual's initials who is authorizing the decr	ease: MW
Payee:  I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor:  I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.
SG President:  Iterify that the SGA difficial shown above is due layment and has complied with all pay regulations.	SG Advisor:    Certify that the Payer is authorized to hold readership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



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POSITION PERFORMED		
Job Title	Branch/Unif	
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PAYMENT INFORMATION		
Pay Period	Payment Amount	
Begin:7/23/10 End: 8/05/10	\$ 250 Full Half LWP (1/2) (0)	
Rationale/Justification for decrease in pay:		
Individual's initials who is authorizing the decrease.		
Payee  I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor: I certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.	
SG President:  I certify that the SGA official shown above is due payment and has complied with all pay regulations.	SG Advisor:  I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.	



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Job Title	Branch/Unit
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	Executive Judicial Legislative
PAYMENT INFORMATION	
Pay Period	Payment Ameunt
Begin: 7/23/10 End: 8/05/10	\$ 450 (Full Half LWP (0)
Rationale/Justification for decrease in pay:	
Individual's initials who is authorizing the deci	rease:
AUTHORIZO	DSIGNATURES
Payee    Certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor:  certify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount
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I certify that the SGA official shown above is due payment and has complied with all pay regulations.	SG Advisor:  Il certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central
	Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.





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PAYMENT INFORMATION	
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Begin: End: 7/23/10 8/05/10	\$ $\mu$ 50 Full Half LWP $(\frac{1}{2})$ $(0)$
Rationale/Justification for decrease in pay:	I not wow during
Rationale/Justification for decrease in pay:	this my newind
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Individual's initials who is authorizing the decr	ease: W
Payee:  I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor:  I certify that the SGA official shown is due payment and has complied on the all pay regulations and fulfilled all job responsibilities for amount indicated.
SG President: Teentify that the SGA official shown above is due plyment and has complied with all pay regulations.	SG Advisor:  I certify that the Payee is authorized to hold a leadership position and served on behalf of the Stüdent Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University



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PAYMENT INFORMATION	
Begin: End: 7/28/10 8/05/10	\$ 350 Full
Rationale/Justification for decrease in pay:	My worked 1/2 pay
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Individual's initials who is authorizing the decr	rease:
Payee:  [ certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor:  I defify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated
SG President:    Certify that the SGA official shown above is one payment and has complied with all pay regulations	SG Advisor:    Certify that the Payee's authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



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Name	<b>PD</b>
Kilbride, Michael	M1682327
POSITION PERFORMED	
Job Title	Brandr/Unit
President	ASF Comm Brevard Daytona Elections  Executive _X Judicial Knightcast Legislative
PAYMENT INFORMATION	
Pay Period	Payment Amount
Begin: End:	\$ 800 Full Half LWP (1/2) (0)
Rationale/Justification for decrease in pay:	
Individual's initials who is authorizing the decrease:  AUTHORIZED SIGNATURES	
Payee: At I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor:  I celify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.
SG President: A certify that the \$6/A official shown above is due payment and has complied with all pay regulations.	SG Advisor:  I certify that the Parec is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida

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Individual's initials who is authorizing the decr	
Payee:  I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor:  I certify but the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount indicated.
SG President Locatify that the SGA official shown above is due payment and has complied with all pay regulations.	SG Advisor:  I certify that the Payee is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in
	accordance with pay regulations, and the policies of the University and the State of Florida



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PAYMENT INFORMATION	
Begin: End:  \$ 300 Full Half LWP (%) (0)	
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Rationale/Justification for decrease in pay: The NONE TOWN	
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SG President: SG Advisor: I certify that the SGA dirical shown above is due phyment I certify that the Payce is authorized to hold a leadership position	and hand
and has complied with all pay regulations.  Served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and complete accordance with pay regulations, and the policies of the Universi and the State of Florida.	



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PAYMENT INFORMATION	
Begin: <b>07/23/10</b> End: <b>08/05/10</b>	\$ LWP (0)
Rationale/Justification for decrease in pay:	
Individual's initials who is authorizing the decr	rease:
Payee  I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Supervisor  Learlify that the SGA official shown is due payment and has complied writh all pay regulations and fulfilled all job responsibilities for amount indicated.
SG President: Certify that the SQA official shown above is due payment and has complied with all pay regulations.	SG Advisor:  Iterify that the Payes is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



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POSITION PERFORMED	,
Job Title	Branch/Unit
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PAYMENT INFORMATION	
Pay Period	Payment Amount
Begin: 7/23/10 End: 8/05/10	S Half LWP (1/4) (0)
Rationale/Justification for decrease in pay:	
Individual's initials who is authorizing the decrease:  AUTHORIZED SIGNATURES	
AUTHORIZI	D SIGNATURES
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G President:  I ceruit that the IGA utilical shown above is due payment and has compiled with all pay regulations.	SG Advisor:    sentity that the Fayce is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in zecordance with pay regulations, and the policies of the University and the State of Florida.



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PAYMENT INFORMATION	
Begin: <b>07/23/10</b> End: <b>08/05/10</b>	\$ \langle \text{Ull \(\frac{1}{\lambda\text{ll}}\) Half \(\frac{1\lambda{2}}{\lambda\text{lwp}}\) (0)
Rationale/Justification for decrease in pay:	
Individual's initials who is authorizing the decr	ease:
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SG President:  Certify that the SGA official shown above is due payment and has complied with all pay regulations.	SG Advisor:  Verify that the Payed is authorized to hold a leadership position and served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.



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PAYMENT INFORMATION	
Pay Period	Payment Amoupt
Begin: 7-23-10 End: 3-5-2010	\$ 320.00 Full Half LWP (%)
Rationale/Justification for decrease in pay:	
Individual's initials who is authorizing the decrease:	
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Payee  Tomas an analysis of the paid the smooth indicated.	Supervisor:  New the SGA official shows and to payment and the second of with Septy regulations and fulfilled all lich responsibilities for amount indicated.
SG President:  Togrify that the SGA official shown above is the psychent and has complied with all pay regulations.	SG Advisor:  Tostify that the Payer is authorized to hold a leadership position and served on behalf of the Stadent Body at the University of Central Florida, and that this document has been submitted and completed in accordance with pay regulations, and the policies of the University and the State of Florida.





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JobTitle	Branch/Unit
	ASF Comm Brevard Daytona Elections
	Executive Judicial Legislative
PAYMENT INFORMATION	
Pay Period	Rayment Amount—
Begin: 7/23/10 End: 8/05/10	\$ 350 Full Half LWP (0)
Rationale/Justification for decrease in pay: _	
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Individual's initials who is authorizing the de	ecrease:
AUTHORV	ABD SIGNATURES
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Payee:	Supervisor:
I certify that I have complied with all pay regulations and fulfilled all job responsibilities and should be paid the amount indicated.	Lecrtify that the SGA official shown is due payment and has complied with all pay regulations and fulfilled all job responsibilities for amount
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SG President: Certify that the SGA official shown above is due gayment	SG Advisor:
and has complied with all pay regulations.	served on behalf of the Student Body at the University of Central Florida, and that this document has been submitted and completed in secondance with naving equilations, and the publicies of the University