

EN Supplemental Earnings Statement

If the primary evidence does not contain some required information, such as pay period end dates, please use this table to provide any missing information.

EN Organization Name: _____

DUNS Number: _____

Beneficiary Name: _____

Beneficiary Social Security Number: _____

Please complete the Earnings Evidence Table below, listing each pay period on each line separately. Feel free to list multiple claim months for the same Ticket-holder on the same form.

Payment Claimed Month	Pay Period Beginning	Pay Period Ending	Pay Date	Hours Worked	Hourly Rate	FICA Taxes	Total Gross Earnings	Year-to-date Gross Earnings

EN Representative Name: _____

EN Representative Signature: _____ **Date:** _____