

TEACHERS' RETIREMENT SYSTEM OF OKLAHOMA
Post Office Box 53524
Oklahoma City, Oklahoma 73152

SURCHARGE REPORT
FOR
HIGHER EDUCATION EMPLOYEES NOT PARTICIPATING IN TRS

Under penalty of perjury, I certify this to be a true and complete report of the payroll information required by the Teachers' Retirement System of Oklahoma for the district named hereon.

TRS Co.-Dist. Code _____

Pay Period _____

Signature of official responsible for payroll reports required.
Unsigned reports will be returned.

Title

Name (Reporting Agency)

Address

City State Zip

	TOTAL DEPOSITS FOR MONTH
Total remittance sent with this report (complete list of warrants below)	

LIST OF WARRANTS ENCLOSED

WARRANT NO.	AMOUNT	WARRANT NO.	AMOUNT
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____