

# NC Office of the State Controller

## Payroll Insert Application Form

(PROOF COPY OF PROPOSED INSERT MUST BE INCLUDED WITH APPLICATION)

<b>Application Date:</b>	<b>Expected date of distribution:</b>
<b>Applicant Name:</b>	<b>Contact Name:</b>
<b>Applicant Organization:</b>	<b>Contact Phone:</b>
	<b>Contact Email:</b>
<b>Applicant Address:</b>	
	<b>Contact Fax:</b>
<b>Purpose of Insert:</b>	
<b>General Description of Insert:</b>	
<b>Applicant Signature (certifying all information is accurate):</b>	

**PROOF COPY OF PROPOSED INSERT MUST BE INCLUDED WITH APPLICATION.**