

TEXAS WORKFORCE COMMISSION
 REIMBURSABLE UNEMPLOYMENT
 BENEFITS STATEMENT

THE UNIVERSITY OF TEXAS
 INSTITUTION
 % TALX UCM SERVICES INC
 ADDRESS
 CITY, STATE ZIP CODE

TWC ACCT NO
 99-998###-#

BILLING DATE

FOR QUARTER ENDED

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INITIAL CLAIM DATE	SOCIAL SECURITY ACCOUNT NUMBER	CLAIMANTS NAME	BASE PERIOD WAGES USED TO CALCULATE CLAIMANTS BENEFITS						BENEFITS PAID				
			QTR	AMOUNT	QTR	AMOUNT	QTR	AMOUNT	QTR	AMOUNT	NET		
MM DD YR			Q YR		Q YR		Q YR		Q YR				