



Louisiana Sheriffs' Pension and Relief Fund

1225 Nicholson Drive, Baton Rouge, Louisiana 70802
Phone: (225)219-0500 (800)586-9049 FAX: (225) 219-0521
www.lsprf.com



Contribution Payment Transmittal

Please type or print in ink all entries except signatures.

Please complete this form and submit with all contribution payments made to LSPRF. Its purpose is to ensure accurate posting of employee and employer contribution payments to appropriate month/year. Adjustments for prior periods should be listed on a separate line, with credit amounts being shown in parentheses ().

Section 1 – Employer Information

Parish:

Section 2 – Employee's Contributions

Apply to Month/Year	Amount	Comments
	\$	
	\$	
	\$	
	\$	
	\$	

Total Employee: \$ _____

Section 3 – Employer's Contributions

Apply to Month/Year	Amount	Comments
	\$	
	\$	
	\$	
	\$	
	\$	

Total Employer: \$ _____

TOTAL REMITTED: \$ _____

Section 4 – Agency Certification

Signature of Agency Representative	Date signed
Title	Phone number