

CONTRACTED SERVICE VOUCHER

Date Received: _____

Service provided for: _____

Service provided by: _____

Description of Service: Beh Sup. _____ ISS _____ IFS _____ CSLA _____

Service not to exceed: _____ Hours Days _____ Other _____

Pay Rate: _____ Per Hour _____ Day _____ Other _____

Approval Signature/Position: _____ Date: _____

Date	Time In	Time Out	Total Hours For the Day

Make check payable to: _____
Mail to: _____
Submit bill to: _____

$$\begin{array}{r} \text{Total} \\ \text{HoursRate} \\ \times \\ \hline \end{array} \quad \begin{array}{l} \text{Hourly} \\ \\ \end{array} \quad \begin{array}{r} \\ \\ \\ \\ \\ \\ \end{array} \quad \begin{array}{r} \text{Total} \\ \\ \\ \\ \\ \\ \\ \end{array} \quad \begin{array}{l} \\ \\ \\ \\ \\ \\ \\ \end{array}$$

OR

$$\begin{array}{r} \text{Total} \\ \text{Days} \\ \times \\ \hline \end{array} \quad \begin{array}{l} \text{Daily} \\ \text{Rate} \\ \\ \end{array} \quad \begin{array}{r} \\ \\ \\ \\ \\ \\ \\ \end{array} \quad \begin{array}{r} \text{Total} \\ \\ \\ \\ \\ \\ \\ \end{array} \quad \begin{array}{l} \\ \\ \\ \\ \\ \\ \\ \end{array}$$

The undersigned hereby acknowledges that the time stated is correct and the service has been completed.

Signature of Contractor _____ Date _____

Signature of Program Participant _____ Date _____

Signature of Parent/Guardian _____ Date _____

Signature of Assistant Director _____ Date _____

Signature of Director _____ Date _____

Total Due = _____

Paid by others = _____

Paid by Chimes = _____