**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: __________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours For the Day</th>
<th>Make check payable to:</th>
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The undersigned hereby acknowledges that the time stated is correct and the service has been completed.

Total Due = ______________________________

Paid by others = __________________________

Paid by Chimes = __________________________

__________________________________________________________________________________

Signature of Contractor Date

Signature of Program Participant Date

Signature of Parent/Guardian Date

Signature of Assistant Director Date

Signature of Director Date

Form C-902 Revised 11/90; 11/93; 1/00