

STATUTORY EMPLOYEE SERVICE VOUCHER

Date Received: _____

Service provided for: _____

Service provided by: _____

Description of Service: ISS 500 _____ BSS 510 _____ TRANS 511 _____ CSLA 520 _____ FSS 530 _____

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

Name

Street Address

City, State, Zip

Total Hours	Hourly	Total
Rate		
X		=

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

OR

Total Days	Daily Rate	Total
X		=

Signature of Statutory Employee _____ Date _____

Signature of Program Participant _____ Date _____

Total Due = _____

Signature of Parent/Guardian _____ Date _____

Paid by others = _____

Signature of Deputy Director _____ Date _____

Paid by Chimes = _____