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:____________________

<table>
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<tr>
<th>Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours For the Day</th>
<th>Name</th>
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Total HoursRate  Hourly Total
                  X   =   ____________

OR

Total Days Daily Rate Total
                  X   =   ____________

Total Due = ______________________________

Paid by others = ______________________________

Paid by Chimes = ______________________________

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

Signature of Statutory Employee  Date ______________________________

Signature of Program Participant  Date ______________________________

Signature of Parent/Guardian  Date ______________________________

Signature of Deputy Director  Date ______________________________

Form C-903 08/05, 11/05