

CAMBRIDGE PUBLIC SCHOOLS PAYMENT VOUCHER

This form is used to authorize payment for completed services (i.e. service agreements, meetings, workshops, translations, projects, curriculum development). All information requested must be provided to ensure payment. Please submit completed **signed** voucher to the **Payroll Department** at 135 Berkshire Street.

Budget Codes				
Account	Fund	Org/Dept.	Proj./Grant	Fiscal Year

For Payroll Dept Use Only	
Payroll	
Code	

Name: _____ Last 4 Digits of Social Security # (REQUIRED): _____

Street / Apt: _____

City: _____ State: _____ Zip Code: _____

Is the individual a current school department employee? ☐ YES ☐ NO

To be completed for hourly wages:

Date	Start Time	End Time	Hours	Description of Services	Rate	Total Wages
Grand Total Hourly Wages						

To be completed for flat-rate stipends:

Start Date	End Date	Description of Services	Total Stipend

I certify that the hours, rates, and services detailed above are a true and accurate record of authorized service.

Submitted By: _____
Service Provider Signature Phone/Ext. Date

Approved By: _____
Administrator Signature Ext. Date

 Administrator Name and Title (please print or type)