

CAMBRIDGE PUBLIC SCHOOLS
135 BERKSHIRE STREET, CAMBRIDGE, MASSACHUSETTS 02141

PARTICIPATION INCENTIVE PAYMENT FORM

Please use black ink

Name: _____

Address: _____

(Please include apt #)

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

IAM: (check all that apply)

- a CPS Student (paid through gift cards)
- a CPS Employee (paid through paycheck; gift cards not applicable)
- a City of Cambridge Employee (*please complete the fields below*)
 City Department _____ Last 4 digits of your SS # _____
 (paid through paycheck; gift cards not applicable)
- none of the above, and I would like to (*please check one*):

____ receive Target gift cards OR ____ provide a W9 and receive a check
 (gift cards/checks will be mailed to the address above)

This section to be completed by CPS Administrator

Name of Program/Reason for Incentive _____

List Dates of Meetings/Events _____

Number of 4+ hour Meetings/Events (\$50 per mtg/event) _____

Number of under 4 hour Meetings/Events (\$20 per mtg/event) _____

Total Amount of Participant Incentives \$ _____

Administrator's Approval _____

(Please Sign)

Administrator's Name _____

(Please Print Name)

57107			
Account	Fund	Dept	Proj Code

If Individual is:	Submit To:
Student	Purchasing
CPS Employee	Payroll
COC Employee	Budget
Community Member	Purchasing