

(Please Complete a Separate Voucher for Each Activity)

Name _____ M# _____ Date _____

☐ **Substitution** Class Title _____

CRN _____ Site _____ Day/Time _____

Date of substitution _____ Replacement for _____

Total Hours _____ Signature _____

Rate X _____

Total Compensation _____

☐ **Professional Development/Special Project**

Workshop Title _____ Location _____

Date _____ Total Hours _____ Signature _____

Rate X _____

Total Compensation _____

☐ **Intake/Registration**

Date Location # Hours Worked

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total Hours _____ Signature _____

Rate X _____

Total Compensation _____

FOR OFFICE USE ONLY

Fund		Account	Activity	APPROVED BY	
_____ Lit Works	_____ Contract	_____ 5102	_____ ADEDUC	_____ Signature _____	_____ Date
_____ ABE/ESL	_____ Refugee ESL	_____ 5112	_____ GUIDAN		
_____ ASE	_____ Refugee TAP	_____ 5119	_____ STFDEV		
_____ Revenue	_____ Mi-Best	_____ 6312			
_____ EL/Civics	_____ TED				
_____ Citizenship					
_____ Other	_____				