

COLLIN COUNTY COMMUNITY COLLEGE
CONTRACT LABOR

CL 10000

SS#:

DATE:

PAYEE:

ADDRESS:

I certify that I performed the services noted:

PAYEE SIGNATURE

COST CENTER MGR

BUSINESS OFFICE

*V.P. ADMIN

***Preapproval must be obtained from the V.P. of Administration for service > \$600.00**

PLEASE CHECK ONE: EXPENSE CODE (4)

- Campus Security 2350
- Athletic Official 2340 Activity: _____
- Consultant 2310 (Attach contract)*
- Guest Lecturer 2320 (Attach contract) Class: _____
- Performers 2330 (Attach contract)
- Other (Describe: _____)

PLEASE COMPLETE THIS SECTION: (6)

Dates of Service: _____	Time of Service: _____ a.m./p.m. to _____ a.m./p.m.
Rate per hour: _____ x	Total hours: _____ = \$ _____
Campus: <input type="checkbox"/> CPC <input type="checkbox"/> SCC <input type="checkbox"/> PRC <input type="checkbox"/> CYC	

Voucher Number	10 Digit Account Number	Invoice Number	Date	Amount
	(7)	(8)		(9)

1099 Code = -N or -P

PLEASE CHECK ONE: MAIL CHECK (10)
 RETURN CHECK TO: _____ @ CPC; SCC; CYC; PRC

SHADED AREA RESERVED FOR BUSINESS OFFICE USE

DISTRIBUTION: WHITE - BUSINESS OFFICE; YELLOW - DIVISION; PINK - PAYEE

- (1) Name and address of the payee
- (2) Social security number of the payee (Must be included for the check to be issued.)
- (3) Signature of the payee
- (4) Place a check mark beside the most accurate description of the payee's services (Note: preapproval must be obtained from the Vice President of Administration for consultant charges over \$600.00)
- (5) Signature of the cost center manager
- (6) List the dates and times of service, rate per hour, total hours, and the total dollar amount to be paid.
- (7) 10-digit account number to be charged
- (8) The number of the invoice (if one is provided)
- (9) Total amount to be paid
- (10) Indicate whether to mail check or return it to staff member (indicate name and campus)

Do not write in shaded areas. They are reserved for Business Office use only.