Clear

Print

CALIFORNIA STATE UNIVERSITY, MONTEREY BAY

SPECIAL CONSULTANT VOUCHER

Soc Sec Number **First** **M.I.** **Last**

Employing Office **Agency** **Unit** **Class** **Serial**

Daily Rate **Pay Period (MM/YY)**

Date	Days Worked	Date	Days Worked	Date	Days Worked
		10		21	
		11		22	
1		12		23	
2		13		24	
3		14		25	
4		15		26	
5		16		27	
6		17		28	
7		18		29	
8		19		30	
9		20			

Total Days:	0

I certify that I have worked the days recorded on this voucher.

(Legal Signature of Employee)

I authorize the period worked by this employee and have personal knowledge of the correctness of the time to which he/she has certified.

(Signature of Supervisor)

(Approving Authority)

October 31, 2002