CALIFORNIA STATE UNIVERSITY, DOMINGUEZ HILLS

SPECIAL CONSULTANT VOUCHER

1. Employee ID# employee National ID#
2. Employee Name
   First MI Last
3. Employee Office Department ID#
4. PS Position Unit # Class
5. Daily Rate Pay Period (Month/Year) Prepared By Name Ext.

DATE	No. of Days Worked (check appropriate boxes below)	DATE	No. of Days Worked (check appropriate boxes below)	DATE	No. of Days Worked (check appropriate boxes below)
31		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		31	
10		21		1	

TOTAL DAYS:_____

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)

6/07