

## JANITORIAL CONTRACTOR PAYMENT VOUCHER

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Service Location \_\_\_\_\_

Services provided during the weeks of \_\_\_\_\_, \_\_\_\_\_ through

\_\_\_\_\_, \_\_\_\_\_.

Please indicate the date of service and number of hours worked. Remember when a holiday falls on a Monday through Friday, you will need to deduct that from your total weekly amount because of not working that day(s).

	Monday	Tuesday	Wednesday	Thursday	Friday
Dates:					
# of Hours Worked:					
	Monday	Tuesday	Wednesday	Thursday	Friday
Dates:					
# of Hours Worked:					

Total Amount of Payment Voucher \$ \_\_\_\_\_

I hereby certify the information provided above is true and accurate to the best of my knowledge.

Contractor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Supervisor's Signature \_\_\_\_\_ Date \_\_\_\_\_