

**Chesterfield County School District
401 West Boulevard
Chesterfield, SC 29709**

**PERSONNEL REQUEST FOR PAYMENT
VOUCHER**

NAME: _____ **SS#** XXX-XX- _____
School District Employee ___yes___no
Name must be listed as it appears in computer

DATE: _____

EVENT: _____

PAYMENT: _____

NUMBER HRS: _____ (attach copy of other job time sheet
for same week of event)

FICA MATCH: _____
District Employees Only (Multiply amount by .0765)

**RETIREMENT
MATCH:** _____
District Employees Only (Multiply amount by _____)
Call Business Office for current FY Ret %

**TOTAL
AMOUNT:** _____
Payment + Fica Match + Ret Match (Write check to
"CCSD Special Account" and send to District
Bookkeeper.)

Signature of Person Requesting Payment

Principal's Signature

School

ACCOUNT NUMBER: _____
For Business Office Use Only