### Collin County Community College District

**Contract Labor**

**Organizational Manager:**

**Payee Signature:**

**Approved By:**

**Payee:**

**Address:**

**Address 2:**

**City, State, Zip:**

**Phone:**

**Dates of Service:**

**Times of Service:**

**Description / Activity / Class:**

<table>
<thead>
<tr>
<th>Fund</th>
<th>Organization Number</th>
<th>Account Number</th>
<th>Description / Activity / Class</th>
<th>Dates of Service</th>
<th>Hours of Service</th>
<th>Rate Per Hour $</th>
<th>Total Hours</th>
<th>Total $</th>
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**Check Distribution - Please Check One:**

- [ ] Return Check To: @ [ ] Chec
- [ ] Mail Check [ ] CPC
- [ ] Mail Check With Attachment [ ] CYC
- [ ] Special Handling [ ] PRC [ ] SCC

**Check Distribution:** White - Business Office | Yellow - Organization | Pink - Payee

**Rev 05-2010**
Number: 1  Author: Administrator  Subject: Sticky Note  Date: 4/18/2012 10:11:33 AM
Social Security number of the payee (Must be included for the check to be issued)

Number: 2  Author: Administrator  Subject: Sticky Note  Date: 4/18/2012 10:11:33 AM
Signature of the cost center manager

Number: 3  Author: Administrator  Subject: Sticky Note  Date: 4/18/2012 10:11:33 AM
Name, address, and phone number of the Payee

Number: 4  Author: Administrator  Subject: Sticky Note  Date: 4/18/2012 10:11:33 AM
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)

Number: 5  Author: Administrator  Subject: Sticky Note  Date: 4/18/2012 10:11:33 AM
List the dates and times of service, rate per hour, total hours, and the total dollar amount to be paid.

Number: 6  Author: Administrator  Subject: Sticky Note  Date: 4/18/2012 10:11:33 AM
Indicate whether to mail check or return it to staff member (indicate name and campus)