



500 Rutherford Avenue, Boston MA 02129.
 Phone: (617) 873-1000 Ext#: 1110
 Email: Payroll@cambridgecollege.edu

PAYROLL INVOICE

Section 1: Employee must complete and sign this section.

First Name: _____ Last Name: _____

Department: _____ Phone #: _____

Address: _____

City: _____ State: _____ Zip: _____

Date(s) of Service _____

Nature of Service _____

Rate (Please select the specific checkbox): **Per Hour** **Per Student** **Other:** _____

Total # of hours, students, etc. (if applicable)	Rate	Total Invoice Amount
	\$	\$

By signing below, I hereby certify that the above information are true and correct to the best of my knowledge and I undertake to inform Payroll of any changes therein, immediately.

Employee Signature

Submitted Date

Section 2: The authorized supervisor/manager must complete and sign this section.

Home Department Account / Code: _____

Supervisor Name

Signature

Date

Authorized Budget Manager Name

Signature

Date

Section 3: Payroll Use Only

<input type="checkbox"/> Received Date: _____	Payroll Pay Date: _____	Notes:
<input type="checkbox"/> Received By: _____		