

PP: \_\_\_\_\_

PD: \_\_\_\_\_



Homeland Security and Emergency Services

Fire Prevention and Control

Voucher Number: M M D D Y Y Y Y - S F I # - S E Q #

# State Fire Instructor Pay Voucher

● Indicates Mandatory Field

Voucher Amount	\$ .
EXTRA SERVICE FORM ATTACHED <input type="checkbox"/>	SFI NO. ●
EMPLOYEE ID # ●	
EMAIL	
PHONE:	
COUNTY NAME: ●	

NAME: FIRST ●	MI	LAST NAME ●
MAILING ADDRESS ●		
CITY ●	STATE ●	ZIP ●

↓↓↓ BRANCH SPONSORING COURSE ↓↓↓

<input type="checkbox"/> FOTB- OUTREACH	<input type="checkbox"/> IIB - INVESTIGATIONS	<input type="checkbox"/> ACADEMY	<input type="checkbox"/> SPECIAL OPERATIONS - HAZMAT
	<input type="checkbox"/> IIB - INSPECTIONS	<input type="checkbox"/> OTHER	<input type="checkbox"/> SPECIAL OPERATIONS - TECH RESCUE

OFFICIAL USE ONLY	OFFICIAL USE ONLY	COURSE RECORD NUMBER ●	COURSE OFFERING NUMBER ●	DATE ● mm/dd/yyyy	NO. ● OF UNITS	LESSON ● UNIT NO.	LOCATION OF COURSE/ADDRESS	TOTAL ● NO. OF STUDENTS

By checking this box, I hereby certify that the above accounting and schedules are just, true and correct; that no part thereof has been paid except as stated therein, and that the balance therein stated is actually due and owing. I understand that my failure to submit accurate and timely pay vouchers records may result in delays in my pay.

\_\_\_\_\_  
State Fire Instructor Signature (if not submitted digitally)

\_\_\_\_\_  
Date

\_\_\_\_\_  
OFFPC Branch Program Coordinator Signature (if required)

\_\_\_\_\_  
Date

OFFPC Authorized Signature	
Cost Center Code	Date
<b>OFFICIAL USE ONLY</b>	