# FITCHBURG STATE UNIVERSITY

Payment Voucher

The Payment Voucher is now a dynamic form and can be completed electronically making the process seamless. The Payment Voucher can be found on our website or by clicking on the link below.

Payment Voucher

The Representative from Department initiates the Payment Voucher. Clicking on the above link will bring you to the sign in page; log in using your Falcon Key credentials.
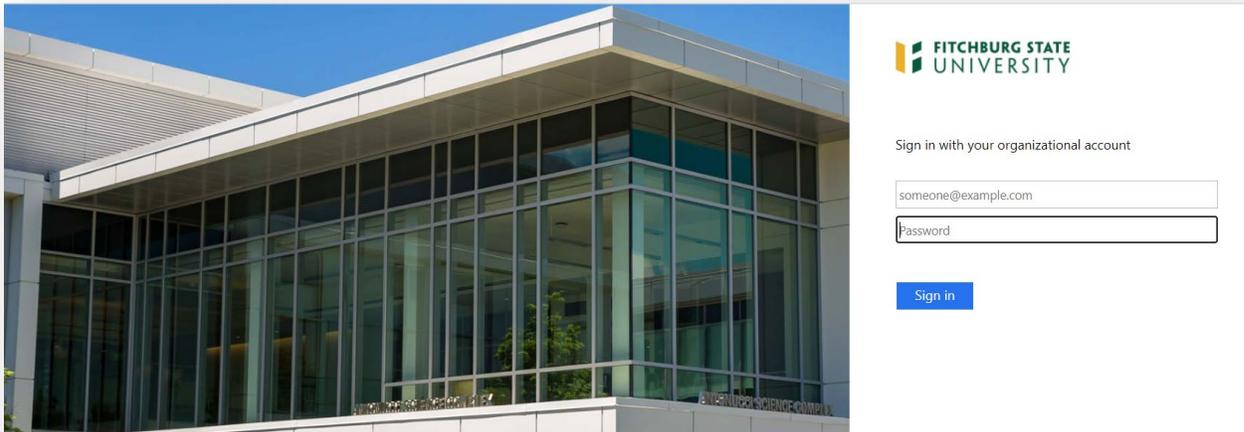
The first section is to be completed by the Department Authorization person, you will need the following information in order to fill out the form:

- Voucher Type – Contractor, University Event, Outside Detail, Stipend
- Name of the employee being paid and their Fitchburg State email address
- Pay period end date
- Position
- Department
- Event Title/Dept
- The Supervisor's name and email address – this should be the person with departmental budget responsibility. They will need to include the FOAPAL and sign before coming to payroll
- Weekly Attendance, including the week beginning date, the hours for the day of the event/detail & Total Hours. If this is for a **stipend** please enter start date and 0 total hours.

STIPENDS – *If this voucher is for a stipend in the description field please enter the word Stipend and the amount to be paid.*

OUTSIDE DETAIL - *If this is for an Outside Detail an additional name and email address will be added and the form will be sent to them for a signature prior to the Supervisor entering the FOAPAL and signing before it is sent to Payroll to review and begin processing.*

Employee Section

Select Voucher Type: * [-- Please Select -- ▾]

Payable to: * [   ]   Email: * [   ]

Pay Period End: * [   ]

Position: * [   ]   Department: * [   ]

Event Title/Dept.: * [   ]   Event Date: [   ]

Description.: [   ]

University Event Meal: ☐ Breakfast   ☐ Lunch   ☐ Dinner   ☐ Snack

Supervisor Reference Area:

Department Authroization: * [   ]   Email: * [   ]

Supervisor Name: * [   ]   Supervisor Email: * [   ]

Week Beginning	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Total Hours
* [ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	[ ]	* [ ]
							Meals	[ ]
							Hours Wage	* [ ]
							Total Gross Pay	* [ ]

All work must be recorded in no less than 1/4 hour increments.
This form must be submitted by the supervisor or designee to the Payroll Office
by 9:00AM on Thursdays.

I hereby certify that this is a true statement of my personal services rendered.
*

_____   _____
Employee Signature   Date

* (click to sign)

Department Authorization   Date

Once the Department Authorization person fills out their portion of the form and electronically signs, the employee will receive an email to log in, review and sign.   The employee has the option to reject the form back to the Department Authorization person if there are changes that need to be made. The employee will receive the email below.

The employee must click the link to access the form. They should then review for accuracy and sign.

The employee also has the option to reject the form back to the Departmental Authorization, the reject button can be found at the bottom of the form.

If the employee rejects the form they will be prompted to make a note to the Departmental Authorization person so that they will know what changes need to be made.

Reject the form

This form will be rejected. Please enter the content of the email that will be sent to the previous form participant(s) to prompt them to review and/or re-submit the form.

To
Stephanie Leblanc (slebla27@fitchburgstate.edu)

From
Stephanie Leblanc (slebla27@fitchburgstate.edu)

Subject

Body

Characters (Including HTML): 0

[Reject this form] [Cancel and return to form]

Once they have signed the voucher an email will be sent to the Supervisor to enter the FOAPAL Information and then to sign.

FOAPAL # *(updated by Supervisor):* *

Weekly Attendance Report
Department Authorization person to complete the date, Day of week & Total Hours.
Payroll to complete Meals/Hours Wage/Total Gross Pay.

Week Beginning	Sun.	Mon.	Tues.	Wed.	Thur.	Fri.	Sat.	Total Hours
*								*
							Meals	
							Hours Wage	*
							Total Gross Pay	*

All work must be recorded in no less than 1/4 hour increments.
This form must be submitted by the supervisor or designee to the Payroll Office by 9:00AM on Thursdays.

I hereby certify that this is a true statement of my personal services rendered.
*

_____   _____
Employee Signature   Date
*
(click to sign)
Department Authorization   Date
*

_____   _____
Supervisor's Signature   Date

After the supervisor signs and submits the form it will be sent to payroll for processing.

<div align="center">✳✳✳</div>

If at any point you would like to check on the status of a form that you submitted you can log into dynamic forms by typing **forms.fitchburgstate.edu** *into an open google chrome tab.*
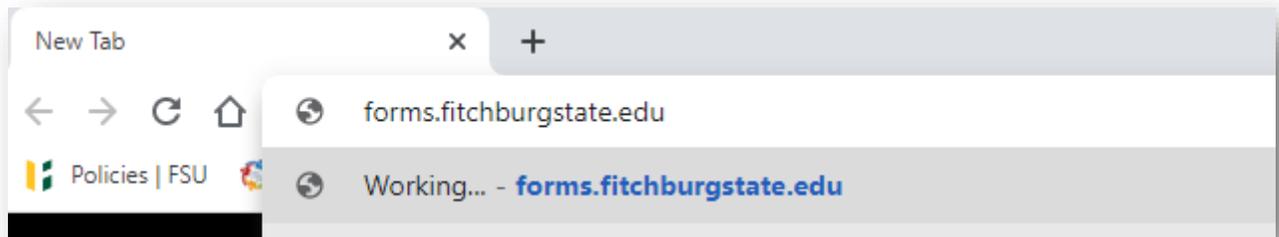
In the top right hand corner you will see a dropdown called My Forms, click on it, then you would choose Pending/Draft Forms
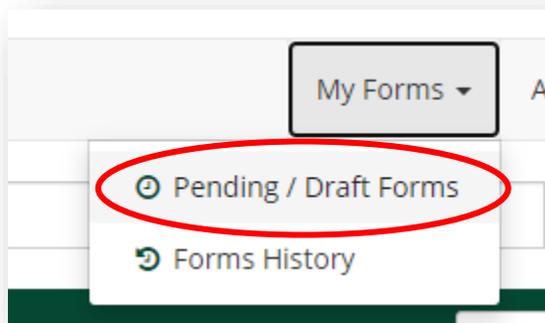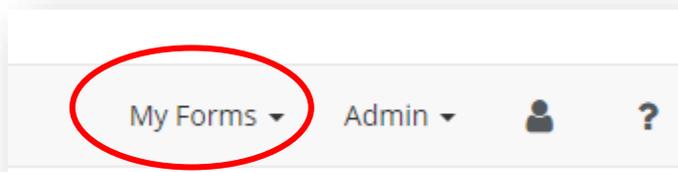
Here you will see a list of your pending and draft forms. If you want to look at what has been already filled in you can click on the PDF or HTML links to see the form in its current state.

If you need to re-send the email you can click on Manage Co-Signers.

A new window will pop up where you can edit/change your co-signers information by clicking on the pencil icon under Edit. Say you put the wrong email address you can update it or you directed it to someone that is on vacation, you can send it to a different approver here.

If you would like to re-send the email just click the re-send Email link on the right.

As always if you need help please contact us:

Human Resources
humanresources@fitchburgstate.edu
978-665-3172
978-665-3720 Fax

Payroll Services
Payhelp@fitchburgstate.edu
978-665-3177
978-665-3720 Fax