

CAMBRIDGE PUBLIC SCHOOLS
135 Berkshire St. Cambridge, MA 02141

PARTICIPATION INCENTIVE PAYMENT FORM

Please use black ink or complete on-line version

Name: _____

Address: _____
(Please include apt #)

City: _____ State: _____ Zip: _____

Email: _____ Phone: _____

IAM: (check all that apply)

a Cambridge Public School Student (Work Study Form may be required)

a Cambridge Public School Employee

a City of Cambridge Employee
Department _____ Last 4 digits of your SS # _____

not a City of Cambridge or Cambridge School Department Employee, but I
have received payment from the City of Cambridge in this calendar year
(W9 may be required)

none of the above

This section to be completed by CPS Administrator

Name of Program/Reason for Incentive _____

Date(s) of Participation _____

Total \$ Due _____

Administrator's Approval _____
(Please Sign)

Administrator's Name _____
(Please Print Name)

57107			
Account	Fund	Dept	Proj Code

If Individual is:	Submit To:
CPS Employee	Payroll
COC Employee	Budget
Community Member	Purchasing
Student (No Prior Payments)	Purchasing
Student (Prior Payments)	Payroll