



ERS PAYMENT VOUCHERS

Employer Information:	
Employer Name:	Employer ID:

Single Voucher Information:		
Voucher Number:	Batch Number:	Due Date:
Payment Method:	Check Number:	

Member Contributions:			
Contribution Type	Plan	Amount	

Employer Contributions:			
Contribution Type	Plan	Amount	
Pension Percentage			
Medical Subsidy Percentage			
Pension Percentage			
Medical Subsidy Percentage			
Pension Percentage			
Medical Subsidy Percentage			

Payment Penalties:		
Voucher Number	Amount	

Other:			
Description	Plan	Amount	

	Total:
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