

# PAYROLL VOUCHER

(Original voucher must be received by the payroll department to receive payment)

SUBMIT VOUCHER ON PAY DAY TO BE PAID ON NEXT PAY DAY

Name: \_\_\_\_\_

Assignment: \_\_\_\_\_

(Please print)

EHB

MMS

CMS

CHS

(Please check to indicate school assignment)

**RATES:**

3-010 CLASS COVERAGE: \$35.00

3-200 CURRICULUM WRITING: \$35.92

3-005 HOME INSTRUCTION: \$35.92

3-183 IEP MEETINGS: \$35.92

DATE	ASSIGNMENT	START TIME	FINISH TIME	TOTAL HOURS	RATE OF PAY	TOTAL PAY
<b>TOTAL HOURS</b>						
<b>TOTAL PAY</b>						

I hereby certify that the amount authorized for payment is justly due and owed for services rendered as indicated and payment is approved.

\_\_\_\_\_ Date                      Employee Signature                      Signature of Principal/Supervisor                      BA Approval

*Business Office Use Only*

BOE Approval Date: \_\_\_\_\_ Account Code: \_\_\_\_\_