

VOUCHER DUE:

to Mrs. Themelakis no later than
9/4/2020 in order to be processed
with 9/15/20 payroll

SUSSEX-WANTAGE REGIONAL BOARD OF EDUCATION**PAYROLL VOUCHER - TEACHER**

SUMMER 2020 – AUGUST PD (MAX OF 2 DAYS, 3 COURSES PER DAY)

NAME _____

BUILDING _____

POSITION _____

DATE	NAME OF PD COURSE	# HOURS	RATE PER HOUR	TOTAL
			\$40.00	
			\$40.00	
			\$40.00	
			\$40.00	
			\$40.00	
			\$40.00	

CLAIMANT'S CERTIFICATION AND DECLARATION

I do solemnly declare and certify under the penalties of law that the within voucher is correct in all its particulars; that services have been rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

TOTAL

Signature:

Date:

Principal/Supervisor Approval:

Date: