



CLINTON TOWNSHIP BOARD OF EDUCATION

PAYROLL VOUCHER

Employee Name: _____

School: _____

Description of Service Rendered: Including, but not limited to Clubs, Competition Activities (Intermural and Interscholastic), Chaperones, Advisor, Home Instruction, Summer Curriculum	Date of Service	Amount Due
Payment Structure (Please Check One) <input type="checkbox"/> Stipend <input type="checkbox"/> Per Diem Rate <input type="checkbox"/> Hourly Rate Please select one (if no selection, single check will apply): <input type="checkbox"/> Single Check (included in regular paycheck) <u>or</u> <input type="checkbox"/> Separate Check		

Please refer to "Schedule E" of the Negotiated Agreement for compensatory rates.

Supervisor signature: _____

Vendor's Declaration: I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services 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.

Employee Signature

Date

Please return completed form to the Business Office within 30 calendar days of the date services were rendered.

For Business Office Use Only	Human Resources	Payroll
Initial and Date		