

CLINTON TOWNSHIP BOARD OF EDUCATION
PAYROLL VOUCHER

Employee Name: _____

School: _____ Department: _____

Description of Service Rendered: Including, but not limited to Clubs, Competition Activities (Intramural and Interscholastic), Chaperones, Advisor.	Date of Service	Amount Due
(Refer to "Schedule E" of the Negotiated Agreement for compensatory rates.)		

Employee's Declaration: I do solemnly declare and certify under the penalties of the law that the request to be paid is correct in all its particulars; that the services rendered as stated above have been provided in full to the district; that the amount stated above is justly due and owing; and that the amount charged is consistent with my contract.

 Employee Signature

 Date

Check here to receive your pay in a Separate check.
 (Federal withholding will be calculated at a flat rate of 22% in accordance with IRS Circular E)

Account Code to be Charged: _____

Supervisor Signature: _____

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