Winslow Township Board of Education

Payroll Voucher

Payee's Name:				
Payee's Location/Scho	ool:			
Payee's Title/Position:		Department	:	
Date(s)	Description of duties perform	ned and times	Hours	Days
<u> </u>			Hours:	Total Days:
			Hourly Rate:	Per Diem Rate:
		Total:		
	be submitted within fo			
I declare that the goods or services itemized in this voucher have been delivered or rendered; that no bonus has been given or received by any person(s) with the knowledge of the deponent, and that the above voucher is true and correct.		Account	(s) Charged	Amount
Payee Signature:	ind correct.			
Date:				
Supervisor/Principal Signatu	ure Date	Superintendent/	Designee Signat	cure Date
Project Administrator	Date			