PAYROLL VOUCHER

SCHOOL:	EMPLO	YEE NAME: 	
ACCOUNT #:	SOCIAL	SECURITY # (Last 4 digits)	
AMOUNT:		DATE(s) OFTRANSACTION(s):	
RATE/HOUR			
# OFHOURS			
TYPE OF TRANSACTION - Chec	k One		
Chapter 773	Adult Ed	Comm. Ed	Coaching
Officiating	After School Activities	Tutoring	Advisor
Other - Explanation			
Employee's Signature		Date	
Principal's Signature		Date	
Vouchers must reach Central Office NO	-	For Central Office Use Only Employee#	Retirement YES NO