

WALL TOWNSHIP PUBLIC SCHOOLS PAYROLL VOUCHER

Employee Name: _____ SSN# ***_**_

Program : _____ Job Title/Position _____
(As it Appears In Board Minutes) (As it Appears In Board Minutes)

Date	Loc.	Description	Instructional		Non-Instructional		Overtime	Substitute	Total
									Hrs. or Days

Employee's Signature: _____
 Board Approval Date: _____
 Budget Account: _____

Total Hrs. or Days
Rate
TOTAL DUE: _____

Principal or Supervisor Signature: _____

- PLEASE NOTE:**
- Employee's last 4 of SS# and Signature must appear on all vouchers.
 - Fill in all required information. Incomplete/incorrect vouchers will be returned.
 - Principal/Supervisor signature is approving total due.
 - OVERTIME AND EXTRAS ARE PAID THE END OF THE MONTH. Subs are paid Semi-Monthly.**
 - Vouchers are to be submitted monthly or no later than 45 days from the earliest date included on the voucher.**
 - June 30th is the last day to submit vouchers for current year.
 - Please keep a copy for your records.

<i>Due Dates</i>	Pay Date	<i>Due Dates</i>	Pay Date	<i>Due Dates</i>	Pay Date