HARRISBURG SCHOOL DISTRICT 41-2

PAYROLL VOUCHER

Description: _____ **Date:**

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief is in all things true and correct.

Employee	Signature	Account Code	# of Units (Days or Hours)	Rate	Total
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
					$ 0.00
				Total	$ 0.00

Date: _____ 2021 Approved By: _____

FOR OFFICE USE ONLY: DECLARATION OF SUPERINTENDENT, BUSINESS MANAGER, OR OTHER AUTHORIZED AGENT OF THE DISTRICT

I declare and affirm under the penalties of perjury that this claim has been examined by me, and to the best of my knowledge and belief, is in all thing true and correct. I further certify that the above services were rendered, or that the above listed materials were received in an acceptable condition, and that the above claim is hereby approved by me for payment.

Date: _____ 2021 Signature : _____