	CUSTODIAL OT VOUCHER (Original voucher must be received by the payroll department to receive payment)					
submit voucher Name:			pay day to be paid on next pay day Date:			
Ш м.		ndicate school assig	CMS		🛛 снз	
REASON FOR OT	START TIME	FINISH TIME	REGULAR HRS	OVERTIME HRS	OTHER	
		TOTAL HOURS				
	enter amount>					
	П м/	MMS (Please check to in REASON FOR OT START TIME	SUBMIT VOUCHER ON PAY DAY TO BE PAID ON N MMS (Please check to indicate school assig REASON FOR OT START TIME FINISH TIME I	COriginal vouche payroll departs SUBMIT VOUCHER ON PAY DAY TO BE PAID ON NEXT PAY DAY SUBMIT VOUCHER ON PAY DAY TO BE PAID ON NEXT PAY DAY CMS CMS CMS CMS CMS CMS CMS CMS	(Original voucher must be receive paryroll department to receive paryroll department to receive paryroll department to receive particular to partite partite particular to particular to particular to particular t	

I hereby certify that the amount authorized for payment is justly due and owed for services rendered as indicated and payment is approved.

Employee Signature	Signature of Supervisor	BA Approval	
Business Office Use Only:	3-105		
BOE Approval Date:	Account Code:		