

LUNCH AIDE VOUCHER

(Original voucher must be received by the payroll department to receive payment)

SUBMIT VOUCHER ON PAY DAY TO BE PAID ON NEXT PAY DAY

Name: _____
(Please print)

Assignment: Lunch Aide

EHB

MMS

CMS

CHS

(Please check to indicate school assignment)

DATE	ASSIGNMENT	START TIME	FINISH TIME	TOTAL HOURS	RATE OF PAY	TOTAL PAY
				TOTAL HOURS		
					TOTAL PAY	

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

Date	Employee Signature	Signature of Principal/Supervisor	BA Approval
<i>Business Office Use Only</i>	1-013/3-003		
BOE Approval Date:	Account Code:		