

SUB SECRETARY 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: _____

Assignment: 3-150 - Sub Secretary

(Please print)

BD OFF
 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 _____

Business Office Use Only

BOE Approval Date: _____ Account Code: _____