SUMMER CUSTODIAL 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:

Date:

🖵 ЕНВ		MMS (Please che	ck to indicate school	CMS assigment)		🖵 снs
DATE	START TIME	FINISH TIME	REGULAR HRS	OVERTIME HRS	OTHER	TOTAL HOURS
		TOTAL HOURS				
	enter amount	-> RATE PER HOUR -				
		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.

Employee Signature		Signature of Supervisor	BA Approval
Business Office Use Only:	3-055		
BOE Approval Date:		Account Code:	