

ONTEORA CENTRAL SCHOOL DISTRICT

PAY VOUCHER

NAME _____ BUILDING _____

ASSIGNMENT _____

MONTH OF: _____

PLEASE INDICATE NUMBER OF HOURS/DAY FOR SPECIFIC DATE:

1	9	17	25
2	10	18	26
3	11	19	27
4	12	20	28
5	13	21	29
6	14	22	30
7	15	23	31
8	16	24	
Sub total # hours/days	Sub total # hours/days	Sub total of hours/days	Sub total # hours/days

GRAND TOTAL HOURS/DAYS _____

X \$ _____
Hourly/daily rate

TOTAL AMOUNT DUE \$ _____

I _____ certify that the above account in the amount of \$ _____ is true and correct; that services charged were rendered to or for the school district on the dates stated and the amount claimed is actually due.

_____ date _____ signature _____ title

Approval of Officer Giving Rise To Claim

The above services were rendered to the school district on the dates stated and the charges are correct.

_____ date _____ Recommended by

Budget Code: _____

_____ date _____ Authorized Officer

Internal Auditor Certification

I certify that the above claim was audited by the Board of Education on:

_____ date

_____ Internal Auditor's Signature