

**BERGENFIELD BOARD OF EDUCATION
BERGENFIELD, NEW JERSEY
MONTHLY VOUCHER**

ALL INFORMATION MUST BE COMPLETED OR VOUCHER WILL BE RETURNED

Name: _____ **Month:** _____

Activity: _____ **School:** _____

One voucher per type of activity per month

Date of Coverage	Number of Hours	Date of Coverage	Number of Hours	Date of Coverage	Number of Hours
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL NO. OF HOURS _____ **Rate: \$** _____ **TOTAL \$** _____

Signed Declaration

I do declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the services have been rendered as stated therein, that the amount therein stated is justly due and owing, and that the amount charged is in accordance with the rates established by the Board of Education.

Employee's Signature

**Principal/Building Administrator
Signature**

Central Administration Signature

NOTE: Voucher must be submitted to the Board of Education Office no later than the first (1st) day of each month for payment on or around the fifteenth (15th)