

School Activity, After School Activity & Field Trip Vouchers

NAME _____

REGULAR ASSIGNMENT: _____

SHIFT TIME: _____

**ALL VOUCHERS MUST BE SUBMITTED 7 DAYS PRIOR TO THE 15TH AND 30TH OF EVERY MONTH.
Do NOT combine payroll periods of the 1st - 15th and the 16th - 30th/31st on the same voucher.**

	Date	ACTIVITY	Student Initials	Building	Indicate Exact Hours	Teacher Or Adviser Initials	Board Approved Date <i>** See comment below</i>	Employee Entered into AESOP	Total Hours
*								Yes or No	
*								Yes or No	
*								Yes or No	
*								Yes or No	
*								Yes or No	

CLAIMANT'S CERTIFICATION AND DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Signature: _____ **Position:** _____ **Date:** _____

Principal/Supervisor Approval: _____ **DATE:** _____

*EVERY BOX MUST BE COMPLETED FOR EACH DATE OF SUBBING

**IN ORDER TO PROCESS FOR PAYROLL YOU MUST BE BOARD APPROVED FOR THE ACTIVITY OR FIELD TRIP.

CONTACT T JOANNE INTERDONATO VIA EMAIL IF YOU DO NOT KNOW BOARD APPROVED DATE: JINTERDONATO@SWREGIONAL.ORG

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