

SUSSEX - WANTAGE BOARD OF EDUCATION  
 27 Bank Street  
 Sussex, NJ 07461

**PAYROLL VOUCHER**  
**NURSE SUBSTITUTE @ \$250 (PER DAY)**  
**(position)**

**NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE** \_\_\_\_\_

**Do NOT combine payroll periods of the 1st-15th and the 16th-30th/31st on the same voucher**

DATE	Employed as a Substitute for:	Building	Start Time	End Time	# of Hours	Amount

VOUCHERS MUST BE SUBMITTED FOR PAYMENT IN ACCORDANCE WITH THE VOUCHER /PAYROLL SCHEDULE FOUND ON OUR WEBSITE

**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: NURSE Date: \_\_\_\_\_

Principal/Supervisor Approval: \_\_\_\_\_ DATE: \_\_\_\_\_