

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

SUMMER WORK PAYROLL VOUCHER 2024

NAME _____
 ADDRESS _____

 PHONE _____

Date:	Employed as: Nurse Teacher CST Related Service Provider	Reason for Summer hours: ex: CST hours, IEP meetings, CPI	Building:	Start Time:	End Time:	# Hours	Amount Per BOE approved rate To be filled in by payroll	BOE approved date:

*****Teachers who participate in IEP meetings throughout the summer, need to be BOE approved prior to being paid*****

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: _____

Director of Special Services Approval: _____ DATE: _____