

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

ESY PAYROLL VOUCHER 2024

NAME _____
ADDRESS _____
PHONE _____

DATES OF WORKED DAYS	VOUCHER PICK-UP DATE	PAY DATE
7/8-7/11/24	7/11/24	7/30/24
7/15-7/18/24	7/18/24	7/30/24
7/22-7/25/24	7/25/24	8/15/24
7/29-8/1/24	8/1/24	8/15/24

Date:	Employed as: TA Sub TA Teacher Sub. Teacher Related Service Provider	If a substitute, name of staff member you are covering:	Building:	Start Time:	End Time:	# Hours	Amount Per ESY stipend To be filled in by payroll
				8:30	12:00	3.5	
				8:30	12:00	3.5	
				8:30	12:00	3.5	
				8:30	12:00	3.5	

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: _____