

PENNSAUKEN TOWNSHIP PUBLIC SCHOOLS

CENTRAL ADMINISTRATION

1695 Hylton Road, Pennsauken, NJ 08110

Payroll Department

Telephone: 856-662-8505 x6517

Fax: 856-662-4573

PAYROLL VOUCHER – PSYCHOLOGIST

Employee Name: _____

Account Number: _____

11-000-219-110-050-000-97 _____

Regular School: _____

Regular Position: _____

Date Submitted: _____

Board Approval Date: _____

DATE	DESCRIPTION OF JOB	LOCATION WORKED	STIPEND AMOUNT

NO PAYMENT WILL BE MADE UNLESS THIS VOUCHER IS COMPLETED IN FULL.

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.

Employee Signature: _____

Date: _____

Supervisor/Principal Signature: _____

Date: _____

FOR PAYROLL OFFICE USE ONLY:

Date Received in Payroll: _____

Date Paid: _____