

VOUCHER DUE:

To Lisa Hutcheson for review and signature. Please have all vouchers in no later than two (2) weeks after the end of Program.

SUSSEX-WANTAGE REGIONAL BOARD OF EDUCATION**PAYROLL VOUCHER – TEACHER****Acceleration Learning Pod Program****NAME** _____**School** _____**Account # FY26 ESEA Title IA Salary – #20-231-100-100-000-010, 020, 030**

DATE	TIME WORKED (example: 8 am – 9am)	# HOURS	RATE PER HOUR	TOTAL
			\$40.00	
			\$40.00	
			\$40.00	
			\$40.00	
			\$40.00	
			\$40.00	
			\$40.00	
			\$40.00	
			\$40.00	
			\$40.00	

CLAIMANT'S CERTIFICATION AND DECLARATION

I do solemnly declare and certify under the penalties of law that the within voucher is correct in all its particulars; that services have been 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:

Date: _____

Lisa Hutcheson Approval:

Date: _____