

PAYROLL VOUCHER

HADDON HEIGHTS BOARD OF EDUCATION
 316-A Seventh Avenue, Haddon Heights, NJ 08035 ▪ 856-547-1412 ▪ Fax: 856-547-3868

PAY TO: _____ Location: _____ Rate _____
(office use only)

*****Voucher must be received in the payroll office by 4/18/19
 or pay check will be delayed!*****

Period	April 1-15	Time Start	Time End	Total Hours	Service Provided
4/1/19	Monday				
4/2/19	Tuesday				
4/3/19	Wednesday				
4/4/19	Thursday				
4/5/19	Friday				
4/6/19	Saturday				
4/7/19	Sunday				
4/8/19	Monday				
4/9/19	Tuesday				
4/10/19	Wednesday				
4/11/19	Thursday				
4/12/19	Friday				
4/13/19	Saturday				
4/14/19	Sunday				
4/15/19	Monday				
Total hours for this pay					Total Pay
					<small>(office use only)</small>

(To Be Signed By Claimant)

I do solemnly declare and certify under the penalties of 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 Date

Voucher will be paid 4/30/19.

 Account number to be charged (office use only)

Other _____ Principal _____ Superintendent _____ BA _____