Payroll Claim Voucher for Summer School Work

To be considered for payment, this claim voucher must be signed by the employee and summer school supervisor and must include all information requested. Attendance roster(s) must be attached. All signatures must be original.

The completed time sheet must be in the payroll office according to published date.

Print Name _____ Last 4 Digits of SSN _____

Job Description: _____Director _____Teacher ____ Librarian _____Registrar/Clerk _____Test Coord/Admin
_____ Substitute (Certified Teacher) _____Aide/Assistant/Non-Cert Sub Other_____

Date	Description	Time In	Time Out	Total Time	Number of Students

Total Days Worked:_____ Teacher Signature:_____ Date:_____

For Principal/Supervisor/Director Use Only:

Approval:_____ _____ Date:_____
Summer School Supervisor SISD SS Program Director

Amount to be Paid: ____ $50 per day ____ $55 per day ____ $75 per day ____ $100 per day ____$200 per day

_____ $135 per day Other _____

Total To Be Paid:_____

Account Code:
199.11.6117.00.699.9.30.0.0
199.11.6121.00.699.9.30.0.0
211.11.6117.00.699.9.30.0.0
211.11.6121.00.699.9.30.0.0
404.11.6117.57.699.9.30.0.0.
404.11.6117.58.699.9.30.0.0
263.11.6117.00.699.9.30.0.0
263.11.6121.00.699.9.30.0.0
199.11.6117.00.699.9.11.0.0
199.11.6121.00.699.9.11.0.0
211.11.6117.06.699.9.30.0.0
_____

Remarks to Payroll:_____