24-25 PAYROLL AUTHORIZATION VOUCHER

Request the individual named below to be paid for services rendered:

Full Name: _____

Employee ID: _____

Board Approval Date: _____

Board Agenda Item: _____

Service:_____

Building Location: _____
    (must be completed)

Date: _____ _____

Vouchers due at Payroll Office per schedule furnished. Vouchers not received on scheduled date may not be paid until the following pay.

Stipend

_____
Account #

Supplemental Wages

Date	Hours	Rate	Total Cost (Hrs. x Rate=)
Totals			

I certify services have been rendered:

_____
Employee Signature

_____
Principal/Supervisor Signature

Input: _____