

Payroll Date:	
Due to Payroll:	

EMPLOYEE NAME: _____

PLEASE PRINT

EMPLOYEE PAYROLL VOUCHER
 LAKEWOOD BOARD OF EDUCATION
 Telephone (732)364-2400 X 7001 or 7015

Board Approval Date: _____ Page # _____ (Please attached Board Approval when available)

Date	# of hours	Description of Services/Stipend	Position	Where	Hourly Rate	Daily Total
<i>Note to Employee: It is suggested you keep a copy of a fully signed voucher for your records.</i>						
TOTAL					TOTAL	

ACCOUNT TO BE CHARGED: - - - - - (ACCT NUMBER MUST BE INCLUDED FOR VOUCHER TO BE PROCESSED)

<p>CLAIMANT'S CERTIFICATION and DECLARATION: I certify under the penalties of the law that this voucher is correct in all its particular; that the services have been rendered as stated; that the amount stated is justly due and owing:</p>	<p>SUPERVISOR'S CERTIFICATION and DECLARATION: Supervisor's signature represents certification of employee's approval on board agenda to do work referenced above, that the rate above is as board approved and that the correct account code is referenced above.</p>
CLAIMANT'S SIGNATURE _____ Date _____	
Official Title _____	SUPERVISOR'S NAME (Printed) _____ Position _____
For Business Office Use Only:	Supervisor's Contact# _____
	SUPERVISOR'S SIGNATURE _____ DATE _____ (Original Signature only-no stamp)

THE LAKEWOOD BOARD OF EDUCATION RESERVES THE RIGHT TO WITHHOLD PAYMENT ON ANY INCOMPLETE VOUCHER