**PAYROLL VOUCHERS MUST BE APPROVED BY PRINCIPAL/DIRECTOR AND DATE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**SUBMITTED TO PAYROLL BY THE LAST WORKING DAY OF THE MONTH SUBSTITUTE : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**ADDRESS : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MONTH:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SCHOOL : \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **DAY**  **AND**  **DATE** | **SUB FOR**  **TEACHER (Name)** | **“FULL” OR “HALF” DAY** | **SUB TEACHER**  **DAILY RATE**  **(*office use only*)** |  | **SUB FOR**  **AIDE (Name)** | **NUMBER OF HOURS WORKED** | **SUB AIDE**  **HOURLY RATE**  **(*office use only*)** |
| **1st Week**  **Mon.,** |  |  |  |  |  |  |  |
| **Tues.,** |  |  |  |  |  |  |  |
| **Wed.,** |  |  |  |  |  |  |  |
| **Thurs.,** |  |  |  |  |  |  |  |
| **Fri.,** |  |  |  |  |  |  |  |
| **Sat.,** |  |  |  |  |  |  |  |
| **2nd Week**  **Mon.,** |  |  |  |  |  |  |  |
| **Tues.,** |  |  |  |  |  |  |  |
| **Wed.,** |  |  |  |  |  |  |  |
| **Thurs.,** |  |  |  |  |  |  |  |
| **Fri.,** |  |  |  |  |  |  |  |
| **Sat.,** |  |  |  |  |  |  |  |
| **3rd Week**  **Mon.,** |  |  |  |  |  |  |  |
| **Tues.,** |  |  |  |  |  |  |  |
| **Wed.,** |  |  |  |  |  |  |  |
| **Thurs.,** |  |  |  |  |  |  |  |
| **Fri.,** |  |  |  |  |  |  |  |
| **Sat.,** |  |  |  |  |  |  |  |
| **4th Week**  **Mon.,** |  |  |  |  |  |  |  |
| **Tues.,** |  |  |  |  |  |  |  |
| **Wed.,** |  |  |  |  |  |  |  |
| **Thurs.,** |  |  |  |  |  |  |  |
| **Fri.,** |  |  |  |  |  |  |  |
| **Sat.,** |  |  |  |  |  |  |  |
| **5th Week**  **Mon.,** |  |  |  |  |  |  |  |
| **Tues.,** |  |  |  |  |  |  |  |
| **Wed.,** |  |  |  |  |  |  |  |
| **Thurs.,** |  |  |  |  |  |  |  |
| **Fri.,** |  |  |  |  |  |  |  |
| **Sat.,** |  |  |  |  |  |  |  |
|  | **TOTAL # OF DAYS:** |  |  |  | **TOTAL # OF HOURS:** |  |  |

**CLAIMANT’S SIGNED DECLARATION**

I do solemnly declare and certify under the penalties of the 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.

Substitute’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Principal’s Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_