

KEANSBURG BOARD OF EDUCATION

REQUEST FOR PAYMENT OF SUPPLEMENTAL WAGES

This form is only to be used for before or after school activities

PAYMENT WILL NOT BE PROCESSED ON ANY INCOMPLETE FORMS

Employee Name: _____ Employee Title: _____ Location: _____

Board Approval Date: _____ Today's Date: _____

	<u>Date</u>	<u>Activity</u>	<u>Hours Worked From - To</u>	<u>Total Hours</u>	<u>X's Rate of Pay</u>	<u>Total \$ Amount</u>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						

Column TOTALS		
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_____ *Employee Signature:* _____ *Approved By: Principal/Supervisor* _____ *Date:* _____

I do solemnly declare and certify under the penalties of law that this voucher is correct in all its particulars; that the expenses have been incurred as stated herein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and the amount charged is a reasonable one.

Account # : _____ *Approved By: Principal/Supervisor* _____