WALL TOWNSHIP PUBLIC SCHOOLS
2017/2018 PAYROLL VOUCHER

Employee Name: _____ SS# ***-**-_____

Program : _____ Job Title/Position: _____

(As it appears in Board Minutes) (As it appears in Board Minutes)

Please circle: **Elementary** **Intermediate** **High School**

Please circle: **Instructional** **Non-Instructional**

Please circle: **Overtime** **Substitute**

Date	Loc.	Description	Start	Finish	Total Hrs. or Days
				Total Hrs. or Days	
				Rate	
				TOTAL DUE:	

Employee's Signature: _____

Board Approved: _____

Budget Account: _____

Principal or Supervisor Signature: _____

PLEASE NOTE:

1. Employee's last 4 of SS# and Signature must appear on all vouchers.
2. Principal/Supervisor signature is approving total due.
3. Submit vouchers within **45 days of date performed** to the Business Office by the due date
4. June 30th is the last day to submit vouchers for prior year.
5. Incomplete/incorrect vouchers will be returned.
6. Keep a copy for your records.

Due to Payroll Date	Pay Date
7/18/2017	7/31/2017
8/17/2017	8/31/2017
9/18/2017	9/29/2017
10/17/2017	10/31/2017
11/17/2017	11/30/2017
12/12/2017	12/22/2017
1/17/2018	1/31/2018
2/16/2018	2/28/2018
3/16/2018	3/29/2018
4/17/2018	4/30/2018
5/17/2018	5/31/2018
6/19/2018	6/29/2018

Revised 6/28/17