

**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

					Total
Date	Loc.	Description	Start	Finish	Hrs. or Days
Total Hrs. or Days					
Employee's Signature: _____					Rate
Board Approved: _____					TOTAL DUE:
Budget Account: _____					

Principal or Supervisor Signature: _____

PLEASE NOTE:	Due to Payroll Date	Pay Date
1. Employee's last 4 of SS# and Signature must appear on all vouchers.	7/18/2017	7/31/2017
2. Principal/Supervisor signature is approving total due.	8/17/2017	8/31/2017
3. Submit vouchers within 45 days of date performed to the Business Office by the due date	9/18/2017	9/29/2017
	10/17/2017	10/31/2017
4. June 30th is the last day to submit vouchers for prior year.	11/17/2017	11/30/2017
	12/12/2017	12/22/2017
5. Incomplete/incorrect vouchers will be returned.	1/17/2018	1/31/2018
	2/16/2018	2/28/2018
6. Keep a copy for your records.	3/16/2018	3/29/2018
	4/17/2018	4/30/2018
	5/17/2018	5/31/2018
	6/19/2018	6/29/2018