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	hours/class period	Time (From/To)	Description of Services/Stipend	Position	Location Where Services Performed	Hourly Rate	Daily Total
Note to Employee: It is suggested you keep a copy of a fully signed voucher for your records.							
TOTAL						TOTAL	
ACCOUNT TO B	E CHARGED:		(ACCT NUMBER MUST BE INCLUDED FOR VOUCHER TO BE PROCESSED)				
CLAIMANT'S CERTIFICATION and DECLARATION: SUPERVISOR'S CERTIFICATION and DECLARATION:							
I certify under the penalties of the law that this voucher is				Supervisor's signature represents certification of			
correct in all its particular; that the services have been rendered				employee's approval on board agenda to do work			
as stated; that the amount stated is justly due and owing:				referenced above, that the rate above is as board			
				approved and that the correct account code is			
CLAIMANT'S SIGNATURE DATE				referenced above.			
CLAIMANT'S SIG		(Blue ink only)	DATE				
Official Title				SUPERVISOR'S NAME (Printed) Position			
For Business Office Use Only:							
				SUPERVISOR'S SIGNATURE DATE			
				(Original Signature only-no stamp)			
THE LAKEWOOD BOARD OF EDUCATION RESERVES							
THE RIGHT TO WITHHOLD PAYMENT ON ANY INCOMPLETE VOUCHER							