

NCJUSD Payroll Voucher

EMPLOYEE NAME: _____ MONTH: _____

1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

By signing, I certify that the above is a true and accurate accounting of the time spent performing these services.

EMPLOYEE DATE Administrator DATE

SPECIFY REASON FOR
VOUCHER HOURS _____

*** DO NOT WRITE IN THIS BOX - FISCAL SERVICES TO COMPLETE ***

Salary Computation:	_____	X	\$	_____	=	\$	_____
	<i>Hours Worked</i>			<i>Hourly Wage</i>			<i>Gross Earnings</i>
Account:	_____					Amt.\$	_____
Account:	_____					Amt.\$	_____
Account:	_____					Amt.\$	_____

☞ PAYROLL VOUCHERS ARE DUE TO JENNY BY LAST DAY OF THE MONTH ☞