PAY VOUCHER FOR PROFESSIONAL STAFF SUBSTITUTES

Name of Substitute: _____

Address: _____

From: _____/_____/_____ to _____/_____/_____ incl.
Mo. Day Yr. Mo. Day Yr.

Date	A.M.	P.M.	School	Absent Staff Member

Total days this period: _____

_____ _____ @ = $_____

_____ _____ @ = $_____

_____ _____ @ = $_____

AMOUNT EARNED THIS PAY PERIOD $_____

Daily Rate beginning _____ consecutive day in same position.

_____
Certified by: Administrator

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