

Certificated Staff Group Claim Voucher

Date _____ School _____

I hereby certify under penalty of perjury that this is a true and correct claim for participation in the activity described below:

Activity _____

Please select one of the following:

CEA District/Site Day Curriculum Rate Hourly Per Diem Rate (Non-CEA Time)

Start Time _____ **End Time** _____ **Total Time** _____

Print Name	Signature	Payroll Use Only

I verify that the above information is correct and that the staff members listed above were in attendance and eligible for payment.

Budget Code

Principal/Designee