

Centralia School District
CERTIFICATED Staff Claim Voucher

Name _____ School _____
Grade/Position _____ Date _____
Activity _____ Location _____

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

<u>Date</u>	<u>Name of Activity</u>	<u>Hours Worked</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature of Payee _____ Date _____

Principal _____ Date _____

Program Administrator _____ Date _____

***Any vouchers received by Payroll after the 10th of the month will not be paid until the following month.
All vouchers should be submitted within 20 days of date worked.

0100--2040-xxx _____

CEA Building Days –

Please fill in 27 for teaching or 31 for Professional Development

OTHER (Please Specify): _____

FOR PAYROLL USE ONLY:

Rate of Pay: \$ _____

Total Hours: _____

Total Payment this Voucher: \$ _____