

South Amboy School District

CO-CURRICULAR / INTER SCHOLASTIC ATHLETIC / INTRAMURAL VOUCHER

Date : _____

_____ Co Curricular _____ Inter Scholastic Athletic _____ Intramural
_____ Nov 15th _____ Mar 15th _____ June 15th

EMPLOYEE – COMPLETE AND SIGN

As of this date I have satisfactorily completed:

_____ Partial _____ All _____ Date of Completion
of my obligations for the stipend position of _____ for the
_____ school year and according to the contract agreement I am entitled to _____ partial
_____ full payment in the amount of _____.

Employee Name (Please Print)

Employee Signature

ATHLETICS – FORWARD TO ATHLETIC DIRECTOR

I agree that the above person is to be paid per contract agreement for his/her stipend athletic position and has fulfilled all required responsibilities of that position as stated above.

Athletic Director Signature

Date

FORWARD TO BUILDING PRINCIPAL

I agree that the above person is to be paid per contract agreement for his/her stipend position and has fulfilled all required responsibilities of that position as stated above.

Building Principal Signature

Date

FORWARD TO SUPERINTENDENT OF SCHOOLS

I agree that the above person is to be paid per contract agreement for his/her stipend position and has fulfilled all required responsibilities of that position as stated above.

Superintendent Signature

Date

FORWARD TO PAYROLL DEPARTMENT

Upon approval by the appropriate parties, the payroll department will execute this voucher for payment.

Payroll Use Only: Amount Paid \$ _____ Date of Payment _____