VOUCHER

FLORHAM PARK BOARD OF EDUCATION

71 RIDGEDALE AVE.
FLORHAM PARK, NJ 07932
TEL: (973)822-3880
FAX: (973)822-0716

SCHOOL: _____

MONTH: _____

SUBSTITUTE: _____ APPROVED BY: _____

Address _____

_____

_____

_____

1 - 10 days =$80/day

11 + days = $90/day

DATE	ASSIGNMENT/TEACHER/POSITION	FULL/HALF DAY

CLAIMANT'S CERTIFICATION AND DECLARATION

I do solemly declare and certify under the penalties of the law that the within bill is correct , and that all services were rendered as stated therein.

SIGN AND RETURN FOR PAYMENT