GARFIELD BOARD OF EDUCATION, 125 Outwater Lane, Garfield, New Jersey 07026

PART-TIME TEACHER AIDES PAYROLL VOUCHER

Name: _____

School/Assignment: _____

Pay Rate: _____ Pay Date: _____

DATE	TOTAL HOURS	APPROVAL SIGNATURE

Fax to Cathy Belli, Business Manager, at 973-340-9512.

Each day must have an approval signature, either the school principal or designee.

Signature: _____