CENTRAL COLUMBIA SCHOOL DISTRICT
PAYROLL VOUCHER

NAME:	**ACCOUNT #:** 10-1420-120-212-20-500-000-000-1102

SOAR PROGRAM

Date	Description	Hours
	TOTAL	

I have examined and approved this voucher.

I certify that the above time was incurred in the fulfillment of my duties.

_____
Authorized Signature

_____
Employee Signature

VOUCHERS MUST BE SIGNED BY THE EMPLOYEE AND APPROVED IMMEDIATE SUPERVISOR TO BE PROCESSED. VOUCHERS MUST BE RECEIVED BY NOON ON THE FRIDAY BEFORE THE PAYDATE BY THE PAYROLL OFFICE TO ENSURE PAYMENT.