

Litchfield Community Unit School Dist #12

EXTRA-DUTY PAYROLL VOUCHER

Name: _____

Basis for payment / work performed: _____

Date(s) of Extra Duty: _____

Total Hours: _____ X Rate per hour: _____

= Amount of payment: _____

Account number (if known): _____

Employee signature: _____

Date: _____

Approved by: _____

Date: _____

Administrator Signature