

SUBSTITUTE TEACHER PAYROLL VOUCHER

NAME _____ SCHOOL _____

MONTH _____ YEAR _____

Date	From	To	Total Days	Grade Or Class	Name of Regular Teacher	Reason For Absence
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Totals						

Principal: _____ Director _____

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