

Please return to building secretary

Miami East Local Schools Substitute Pay Voucher

Substitute Name (please print) _____

Social Security No. _____

	Monday	Tuesday	Wednesday	Thursday	Friday
Date of substitution					
Substitute for					
Total Worked - please specify Certified: Day or part of day Classified: No. of Hours					
Building					

Signature of Substitute _____

DATE _____

Signature of School Official _____

DATE _____

TO BE COMPLETED BY SUPERINTENDENT'S/TREASURER'S OFFICE

Job Description	Daily/Hourly Rate	# Days/Hours	Amount to be Paid

Paid _____

Check No. _____

TOTAL

CHARGE FOLLOWING ACCOUNTS

ACCOUNT	UNITS	RATE	AMOUNT	DESC	TAX/RET
001-1130-112-001				Sub pay	2/Y
001-1120-112-002					
001-1110-112-003					
001-2421-142-00					
001-2700-142-00					
006-3120-142-00					

TOTAL

_____ *RETIREMENT DAYS*