

# SALARY VOUCHER

Prescribed by State Board of Accounts

A CLAIM, TO BE PROPERLY ITEMIZED MUST SHOW: KIND OF SERVICE, WHERE PERFORMED, DATES SERVICE RENDERED, BY WHOM, RATE PER DAY, NUMBER OF HOURS, RATE PER HOUR, PRICE PER FOOT, PER YARD, PER HUNDRED, PER POUND, PER TONE, ECT.

EASTERN PULASKI COMMUNITY SCHOOL CORP  
711 SCHOOL DRIVE, WINAMAC INDIANA 46996

TO: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

FOR PAY PERIOD ENDING \_\_\_\_\_, 2017, 2018 (circle appropriately)

DATE:	YEAR:	KIND OF SERVICE:	AMOUNT(s):

Pursuant to the provisions and penalties of Chapter 155, Acts of 1953.  
I hereby certify that the above salary is justly owing me: that I have performed the service for wich salary is attached and appropriated, and that no part thereof has been or is to be, directly or indirectly divided with or paid to any other person on account of or by reason of such employment.

\_\_\_\_\_  
DATE of SIGNATURE

\_\_\_\_\_  
SIGNATURE & TITLE of CLAIMANT

\_\_\_\_\_  
PRINCIPAL APPROVAL

\_\_\_\_\_  
SUPERINTENDENT APPROVAL