



MERRILL AREA PUBLIC SCHOOLS PAYROLL VOUCHER

Staff Name: _____

Activity Description : _____

Hourly Rate _____/hr

Date	Times Worked

Total Hours: _____

Supervisor/Budget Authorizer: _____

Date: _____

Account #:

PLEASE do not use this form to submit MILEAGE, SUPPLIES, TRAVEL EXPENSES, ETC. Expense reimbursement in Skyward should be used for those expenses

→ Please return the form to JULIE BAUMANN at Central Office.