

EMPLOYEE PAYSHEET

TO: PAYROLL DEPARTMENT
SULLIVAN COUNTY BOCES

6 WIERK AVENUE
LIBERTY, NY 12754

Employee: _____

Date: _____

Address: _____

Phone: _____

COURSE/WORKSHOP DESCRIPTION	DATES(S) OF SERVICE	STIPEND AMOUNT
CODE: _____		Grand Total: _____
<i>Approving Official Signature</i>		Date

EMPLOYEE MUST SIGN CERTIFICATE - This is to certify that the services charged and included in the above claim amounting to \$_____ have actually been performed to the above-named Sullivan County BOCES, that the charges therefore are true and just, and that no payments have been made therefore except as included herein.

EMPLOYEE SIGNATURE

DATE

ADMINISTRATIVE SIGNATURE

DATE