UPPER CAPE COD REGIONAL TECHNICAL SCHOOL

SUBSTITUTE VOUCHER

Persons submitting bills for payment by the Upper Cape Cod Regional Vocational Technical School District should fill out this form where applicable. Please submit this completed form to the Payroll Office.

NAME: _____

ACCOUNT TO BE CHARGED: _____

PAYROLL PERIOD FROM: _____ TO: _____

DATE	SUBSTITUTING FOR (Teacher/Shop)	TIME IN	TIME OUT	SIGNATURE

APPROVED BY: _____ TOTAL: _____

REV:0802