

VANLUE LOCAL SCHOOL

SUPPLEMENTAL SALARY VOUCHER

(TO BE COMPLETED FOR PAYMENT OF SUPPLEMENTAL SALARY)

I certify that I have fulfilled my duties as _____ (position).

I have completed my inventory and stored all equipment and completed my season-end reports to the Athletic Director as required.

Coach's Signature: _____

Date: _____

Athletic Director Signature: _____

Date: _____



TO THE TREASURER:

_____ has completed the responsibilities of
_____ and should receive his/her supplemental salary.

Athletic Director: _____

Date: _____