

Libertyville School District 70

1381 W. Lake Street
Libertyville, IL 60048
(847) 362-9030 * Fax (847) 362-3003

Extra Duty Pay Voucher

Staff Member Name: _____

Date of Submission: _____

Extra Duty Position: _____

*Please indicate the type of payment for which you are asking. It is your responsibility to calculate the amount of money you are paid.
If you would like your stipend split, each person needs to complete a payment voucher.*

Regular Full Request \$ _____
Full Stipend Amount

Trimester Request \$ _____
1/3 of the Full Stipend Amount

1/2 Year Request \$ _____
Half of the Full Stipend Amount

Shared Stipend Request \$ _____
Half of the Full Stipend Amount

To date, all duties for the position have been performed

Employee Signature: _____ Date : _____

Principal's Signature: _____ Date : _____

***Extra Duty Pay Vouchers received in the Business Office by the first of the month will
be paid the 15th of the month. Those received by the 15th of the month
will be paid on the 30th of the month.***

For Office Use Only:

Account Number: 10 100 1500 1120 00 0

Date Paid: