

Kane School District
Quality Teaching Extended Days Voucher
School Year Applying for _____

Claim of _____ Date _____

Address _____ SSN _____

Description of Services: (If more space is needed, use back side of this form.)

Date(s) services were provided: _____

Type and Number of Days 7 Hours = 1 Day

District (4) _____

Signatures:

Principal Date: _____

Curriculum Director (If work is done under their direction) Date: _____

Teacher Date: _____

All Q.T.D. must be completed by August 15.
All vouchers for the previous year need to be turned in by September 15.

Please select the method of payment you prefer and sign on the corresponding line:

____ Regular withholding with the regular salary check _____

____ Regular withholding with a separate check _____

For the Accounting Department:

Exemptions _____

Account No. _____

Monthly Earnings _____

Gross _____