

**Allegany Driving School**  
Pay Voucher

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Pay Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Classroom Taught: \$ \_\_\_\_\_ per hour x \_\_\_\_\_ Hours = \$ \_\_\_\_\_

In Car Instruction: \$ \_\_\_\_\_ per student x \_\_\_\_\_ Students = \$ \_\_\_\_\_  
*(Driver Education Students Only)*

Additional In Car Instruction: \$ \_\_\_\_\_ per hour x \_\_\_\_\_ Hours = \$ \_\_\_\_\_  
*(HCP, Private Appointments, Driving Exam...)*

**Total Wages**      \$ \_\_\_\_\_

Misc. Instruction and Reimbursements: \$ \_\_\_\_\_  
*(Attach Receipts)*

Please list all student that have completed 6 hour of in car instruction below. Submit the in car student record form and student evaluation sheet with this voucher to receive pay for completed instruction. Also list the names of those students that have not completed all driving appointments.

Completed Students	15	8
1	16	9
2	17	10
3	18	11
4	19	12
5	20	13
6		14
7	Incomplete Students	15
8	1	
9	2	Class Days Taught
10	3	
11	4	
12	5	
13	6	
14	7	